MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11227	CERTIFICATE	OF	DEATH
-------	-------------	----	-------

11916

			J. Jan Carlot
N	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution, F	tesidence before admission)
11)	Carroll. MARYLAND	Maryland Bal	Ltimore /
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
	write RURAL and give nearest town) Syke sville 6mos.lkdays	Baltimore 20	
~	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
ú		(4)	ON A FARM?
-	Springfield State Hospital	R#16, Box 331	YES NO X
3	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) William Harry	Austraw, \$r.DEATH October	15, 19 61
C.m.	7. MARKIED THEYER MARKED	8. DATE OF BIRTH 9. AGE (In years IF UNDER I	YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	October 5, 1882 79 yrs. Months	Days Hours Min.
1	Da. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY!
-	done during most of working life, even if retired) Caretaker Bethlem Steel	Pennsylvania	U.S.A.
1	3. FATHER'S NAME	14, MOTHER'S MAIDEN NAME	O SOSMS
	William H. Austraw		
9	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	SusannahClark INFORMANT Address	
(Yes, no, or unkown) (Ifyesgive war or dates of sarvice)		
		Springfield Hospital Records	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		ONSET AND DEATH
	PART I. DEATH WAS CAUSED 8Y, IMMEDIATE CAUSE (a) Bronch opneumoni	a	Davs.
	609X DUE TO		
	Industry theat i	nfection.	Week.
	gave rise to immediate cause	2110001011	
	(a), stating the underlying DUE TO		
_	cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OV DELATED TO THE TRANSPAL DISCLASS COMPLETON CHARLES BY BARRE	THE WAS ALIZONS
NOI	CRC with conile hann discore with	psychotic reaction.	PERFORMED?
PATI	G Cyst in left klaney.		YES NO M
OCB71C	E 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING [] CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER]	D. (Enter nature of injury In Part I or Part It of item 18.)	
IV.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
	Hour a.m. While Not While	ctory, street, office bldg., etc.)	
		Association of the control of the co	
	21. I certify that (I) (this hospital) attended the deceased from	April 1, 1961, to October 15,196	
	saw the deceased alive on October 15,19 61, and that	it death occured at	he date stated above
	22a. SIGNATURS	ATTENDING MED. STAFF	22b. DATE
	May & twenty	M.D. PHYS. DIRECTOR PHYS. 1	10/16/61
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Type) Naci Buyukunsal, M.D.	Springfield Hospital, Sykesvi	lle, Maryland
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fown or count	y) (Stata)
	REMOVAL (Specify) Burial 10-19-1961 Zian Luther	Stemmers Run	Ma
2	burial 10-19-1961 Zion Luther 4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	The Cemetery Stemmers Aun	SIGNATURE
	0	007 4 7 104	4
17	Lassahn Funnal Home 944/ Below	LOON IDVIE	/ CEALCA

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be a steel within 24 hours after can. Page 4 may be relatined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate been signed by the attending physician and completely filled in by the funeral director, page 3 should be deteched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: be retained by the hospital or

The law requires that the death certificate be

ed within 24 hours after

VR A15 (4) 15M 9/60

THE DIE ALL WATER TO THE Consumble of the second of the 31 31 21 LINYPORT TENNEL MEDICAL THE SAME AS TO MAKE THE PROPERTY AND ADDRESS. en lie tei min er de h r \ \ r First Annual Company of the Company 10 17 19 The street of the product opined and the last the food water 1811 and more than

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

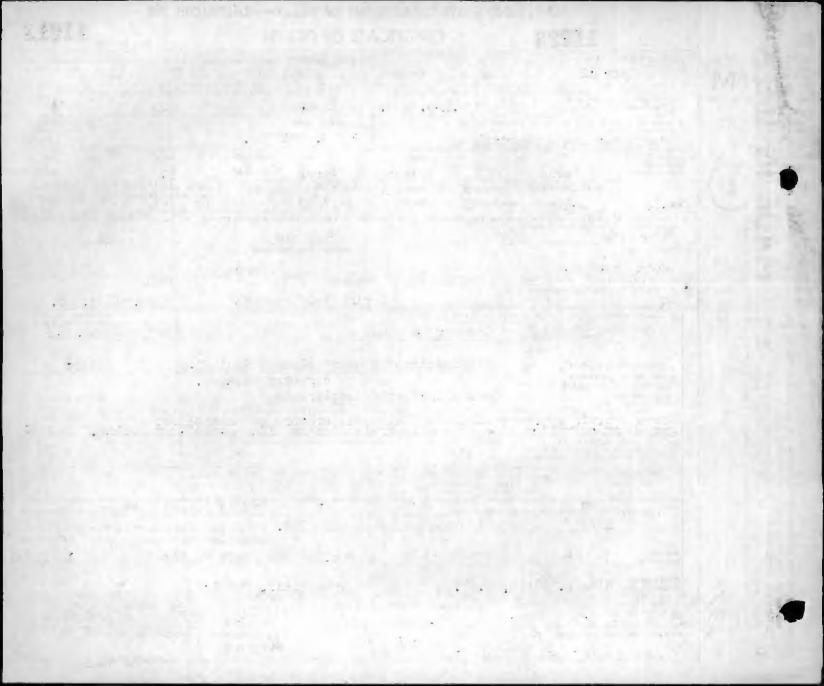
11228

CERTIFICATE OF DEATH

11217

								Kug. Dis	. 1001		
o. COUNTY Carr	oll		MARYLA	ND	2. USUAL RESIDENCE (W		d lived. If institution b. COUNTY	n: Residence	e before	odmissie	on)
B. CITY OR TOWN (IF RURAL and give no Rural Syk	outside corporate lim grest town SVIIIe	its, write	3yr . 4mo . 8dy		c. CITY OR TOWN (IF	outside corpo	rote limits, write R	RAL ond gi	neare	est town)	-
d. NAME OF HOSPITA OR INSTITUTION Springfiel					d. STREET ADDRESS 907 W. 34th	St.			e.	IS RESIL	FARM?
3. NAME OF DECEASED (Type or print)	Marie	rst	Middle Tress	a	Avers	4. DATE OF DEATH	Moni 10	th	Doy 26		961
s. sex female	6. COLOR OR RACE white	7. MARR	IED D NEVER MARRIED DIVORCED	-	9/17/93		9. AGE (In years lost birthday) 68 yrs.	Months	YEAR I	Hours	R 24 HRS. Min.
Housewife	ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stole Maryland		ountry)		SA	WHAT CO	OUNTRY?
John Tre	shmann				14. MOTHER'S MAIDEN	NAME French					
15. WAS DECEASED EVER (Yes, no, or unknown)	IN U. S. ARMED FOR If yes, give wer or dates of	(CES? 16. ervice)	SOCIAL SECURITY NO.		FORMANT ringfield re	cords	Addr S3	** kesvi	lle.	Md	
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (c) C	oronary occ teriosclero		ion heart disea	se inc	luding		ONSE	val BET T AND Tute:	DEATH
gove rise to in couse (o), stating t lying couse lost.		Co	neralized a	rte:	coronar riosclerosis	y dise	ase.		yea	rs	
S growth or	rain syndr nutrition S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	ome a with 20b. DESC	SSOCIATED WILLIAM SSOCIATED WILLIAM SSOCIATED WILLIAM SSOCIATED STOCIAL STOCIAL STOCIAL SSOCIAL STOCIAL STOCIA	ith bra: URRED	NOT RELATED TO THE TERM disturbance in disease w (Enter noture of injury in CE OF INJURY (Home, forr ory, street, office bldg., etc.)	of me ith ps Port I or Por	tabolism.	eacti	(o) 19.	PERFOR	NO TO
21. I certify the alive on	of Westended the	deceos	_	eoth	, 1958, to accurred at 2 A. D. Springfield	_M, from ADDRESS (Si	treet, city or town,	d on the state)		toted	
BUVEICIANS	ita S. Gla	hn, M	. D.		Sykesvill	e, Mar	yland				
220. BURIAL, CREMATION MOVAL (Specify) 23. FUNERAL DIRECTOR'S	10-30-	61	22c. NAME OF CEMETE ADDRESS	Wo-	od	1/11	TION (City, Iown, o		MATURE	(Stote)
Frank	I Deit	- 8	314W36	SI		CT 3 0 '6		A SIG			

0 E 0 S VS A1S (4) 1SM 9/SB



VS A15 (4) 15M 9/58

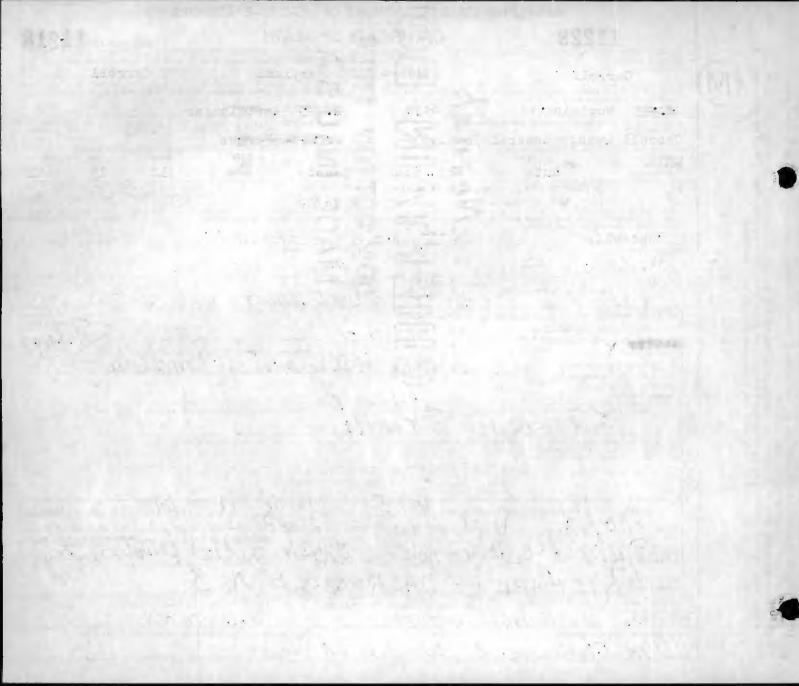
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11228

CERTIFICATE OF DEATH

Reg. Dist. No. 11218

				-					
1. PLACE OF DEATH o. COUNTY Car	roll		MARYLANI	2. USUAL RES	DENCE (Where daryland	eceased lived, If b. Co	institution: Resi DUNTY Cat	dence before or	lmission)
RURAL and give n	If outside corporate limit earest town) Vestminster	1	NGTH OF STAY IN 11	c. CITY OR	TOWN (If outside	corporate limits,		nd give nearest	town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi County Gene	ve street addres	s)	d. STREET	ADDRESS UNI			O e. IS	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	firs Ruth		Middle Elizabeth	Baust		OATE OF DEATH	Month 10	Day	Year 1961
5. SEX	6. COLOR OR RACE				ГН	lost b <u>ir</u> t	years IF UNI hdoy) Manti	DER I YEAR IF L	
10a. USUAL OCCUPATI during most of wor Housew: 13. FATHER'S NAME	ON (Give kind of wark d king life, even if retired)	one 10b. KIND	OF BUSINESS OR IN	E /	MARYL S MAIDEN NAME	AND		US	ATCOUNTRY
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCE (If yes, give war or dates of sec	CES? 16. SOCIA	L SECURITY NO.	INFORMANT RALPH E	RAUST	TZEL	Address	K5 STEL	110
Canditians, if a gave rise to couse (a), storing lying cause last.	mmediate DUE TO	OF OUTE	Lange BUTHATOA GIDEA HH E	DE LE LES TESTES	O THE TERMINAL	DISEASE CONDITI	on Given in	P	EKPUKMEDY
200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)		HOW INJURY OCCUP				18.)		s NO
Haur α.m. ρ.m.	not lattended the	While It	om D	PLACE OF INJURY foctory, street, office the accurred of M.D. D.	ta 10	13	es and an	last saw th	
220. BURIAL, CREMATIC BEMOVAL (Specify	OCT 16.19	961 220.	NAME OF CEMETERY	OR CREMATORY	22d.	LOCATION (City,	town, ar count	ty)	(State)
23. FUNERAL DIRECTOR	SSIGNATURE TOLENT SON	as noi	ADDRESS IN WIND	war, med	24g. REC'D BY	REGISTRAR 24	REGISTRAR'S		



VR A1S (4) 15M 9/59

11230

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

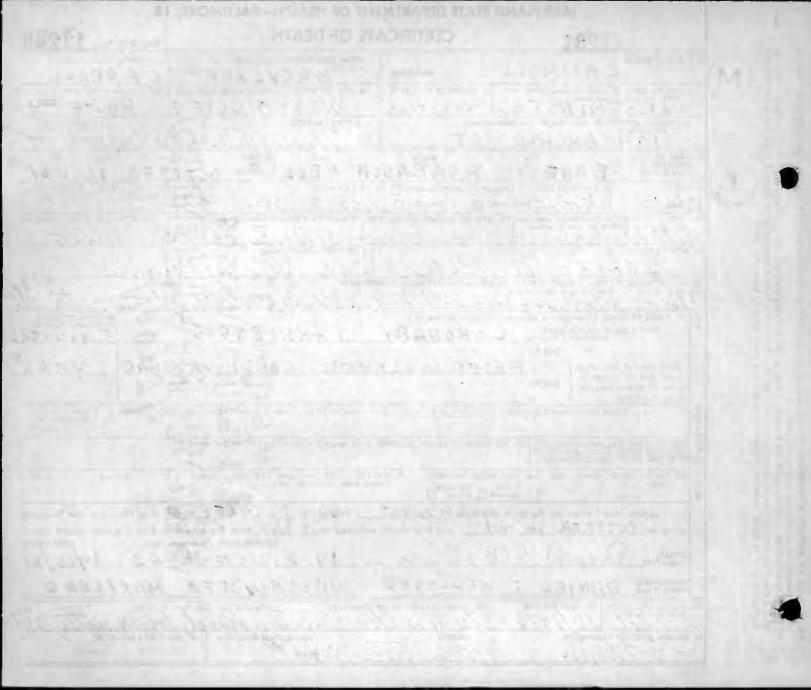
	1. PLACE OF DEATH 0. COUNTY			MARYL	AND	2. USUAL RESIDENCE (WI		d lived. If instituti b. COUNTY	*	ce befor		on)
	b. CITY OR TOWN (II	f outside corporate limits,	write c. LEI	NGTH OF STAY II	N Ib	c. CITY OR TOWN (If o		rote limits, write R			- 10.10)
	RURAL ond give ne	erest lown) esville, Md.	7777	. llmo.	24	Frede	rick		10	11-	2	
	d. NAME OF HOSPIT	AL (If not in hospital, give				d. STREET ADDRESS	1 1011		, 0	-	. IS RESI	DENCE
5	Springfi	eld State Ho	ospital			127	North	Market S	treet			NO T
	3. NAME OF DECEASED	First	*	Middle		Last	4. DATE OF	Mor	ıth	Day	γ 1	feor
	(Type or print)	Charle	e s	Edward		Beatty	DEATH	10		10) 1	961
	s. sex male	White	MARRIED MIDOWED	NEVER MARRIED		12-29-1893		9. AGE (In years lost birthday) 07 yrs.	IF UNDER Months	1 YEAR Doys	Hours	R 24 HR5. Min.
	10a. USUAL OCCUPATIO		one 10b. KIND	OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote Maryland	_	ountry)	1	ZEN OF	WHATC	OUNTRY?
1	13, FATHER'S NAME		-			14. MOTHER'S MAIDEN	VAME					
)	Harry J	Beatty				Catherine	Casse	211				
	15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		L SECURITY NO.	17, IN	FORMANT	-	Add	ress			_
	unknown	(If yes, give war or dates of serv	vice) un	known		Hospital	Recor	rds				
	Manic De	the under DUE TO (c)_ HER SIGNIFICANT CONDI POR SSIVE Re	TIONS CONTR	IBUTING TO DEA	<u>тн</u> вит ty pe	NOT RELATED TO THE TERM.			VEN IN PAR		PERFO	AUTOPSY RMED?
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year	While !	OCCURRED Not while		CE OF INJURY (Home, formotory, street, office bldg., etc.		y or town)	(4	County)		(Stote)
	sow the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Yasuo Taka	bha hashi,	1961, and less. M.D.	that d	A.D. PHYS. D	ED. IRECTOR	staff PHYS.	10.	1 , the date	stated 221 61	obave. DATE SIGNED
	23a. BURIAL, CREMATIO REMOVAL (Specify) BUT LAL 24. FUNERAL DIRECTOR	10-13-19	61	Mount Ol ADDRESS T		Cametery 250_REC	Fred	TION (City, town, lerick M TRAR 2Sb. REGI		nd GNATUR	(Stot	e)
	Aprilar	1= Tuner	el de	no Fre	des	DATE	1 6 '61	Gill	w 8. to	rena		

large delight to design for the design for the large l of the firm of these months of the state of the

CERTIFICATE OF DEATH 11231 Reg. Dist. No. eral director, be filed with PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY COUNTY MARYLAND the funeral shauld be fil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) MOUTE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS m. IS RESIDENCE OR INSTITUTION ON A FARM? 5 YES NO ≘. NAME OF 4. DATE Middle Month Year DECEASED DEATH (Type or print) TOBER Pages 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX campietely Days Months Hours WIDOWED | DIVORCED papers. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? offer 13. FATHER'S NAME 15. WAS DECEASED EVER IN O S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) HROM BOSIS ORONARI DUE TO CARDIO VASCULAR ģ Conditions, If ony, which MARTERIOSCLEROTIL gave rise to immediate DUE TO casse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (State) factory, street, office bldg., etc.) a. m. Not while of work at work p. m. 21. I certify that I attended the deceased from AUGUST OCTORER 1961 that I last saw the deceased and that death occurred at 10 A.M. fram the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL should PHYSICIAN'S WESTHINSTER NAME (Type) 3 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME-OF CEMETERY OF GREMATORY 22d. LOCATION (City, town, of county) (State) agod REMOVAL (Specify) 0 EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECIDITY REGISTRAR 246. REGISTRAR'S SIGNATURE alulhur S. House VS A15 (4) 15M 9/55

death.

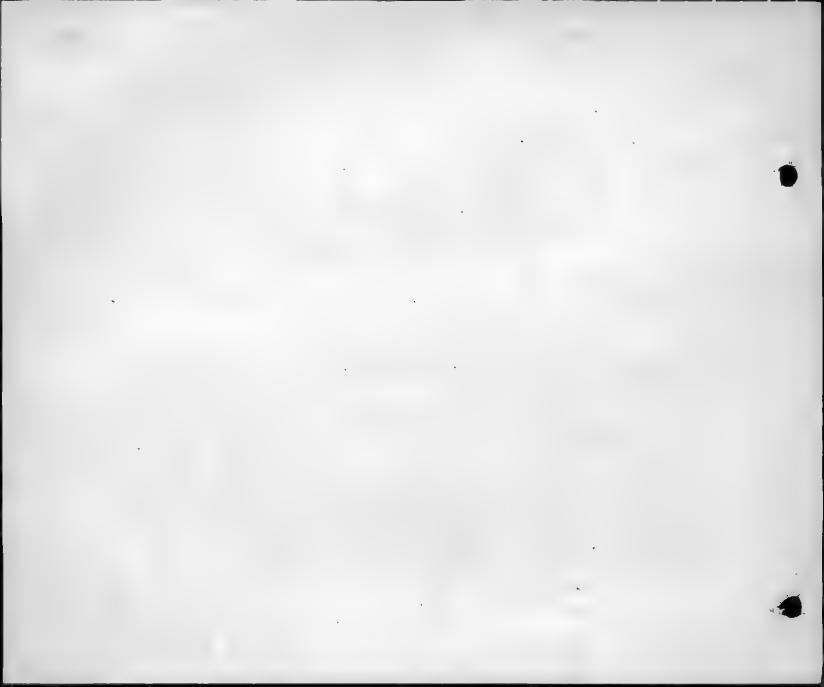
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VR A15 (4) 15M 9/59

11232

1	1 PLACE OF DEATH O. COUNTY MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE AVY (a No. 1) b. COUNTY (a ro)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town)	
	HAMPSTEAD 3900	XTAMPSTEAD Maryland
,	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS IS RESIDENCE ON A FARM?
	3. NAME OF First Middle	1 27 M MAIN YES NO NO
į	3. NAME OF DECEASED (Type or print) ARY First Middle Middle	BERRY DEATH October N 1961
	5 SEX 6. COLOROR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B. DATE OF BIRTH 9 AGE (In years of the strength of the stren
	10a. JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
	House wile Home.	YANSAS
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Willia Honny . Hole Camp.	Christian Melly.
1	(Yes, no, or unknown) - (If yes, gave war or dates of service)	INFORMANT Address
	NONE	TRAFICIE BERRY 1711M/31 EAD INTERVAL BETWEEN
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	119000178
	Conditions, if any, which) (b) Onless select	ie Coude dassely Reside
	gave rise to immediate Couse (a), stating the under DUE TO	
	lying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B 200 ACCIDENT WAS UNDER YING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AJTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING 11 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Part II of item 18)
		PLACE OF INJURY (Hame, farm, 20f (City ar tawn) (County) (State) foctory, street, office bldg , etc.)
	Haur a.m. While Nat white at work at work	
	21 I certify that (I) (this haspital) attended the deceased from	Quoust 6. 1956 to Octobe 15, 1961, that (1) (we) last
		t death accurred at 3AM, from the causes and an the date stated above
1	220 SIGNATURE	M D ATTENDING MED STAFF DIRECTOR PHYS DIRECTOR PHYS
/	222 PHYSICIAN S	22d. ADDRESS
'	NAME (Type) Joseph E. Bush NI	D HAMPSTEAD Maryland
	230 BUR AL, CREMATION. 236, DATE THEREOF 23c NAME OF CEMETERY BEMOVAL (Specify) Out 17-1961 POLICE FOR	OR CREMATORY 23d LOCATION (City, town, or county) (State)
	24-ELIDERAL DIRECTOR'S SIGNATURE ADDRESS A	250. RECID BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Jepton - E-line - Houghten	DATE DATE Circling S. France



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased fixed, if institution; Residence before admission) a. COUNTY **b.** COUNTY Marvland Balto City Carroll by the fand 2 s MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearast town) Baltimore 24 Sykesville lvr. 2 mos. .5 hours af Pages filled d STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 3LO7 E. Fayette Springfield State Hospital YES NO completely NAME OF 4. DATE Middle DECEASED October Boettger 61 Otto DEATH [Typa or print] 19 6. COLOR OR RACE 17. MARRIED THEYER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) and November 1, 1888 White Male WIDOWED DIVORCED [10a. USUAL OCCUPATION (G va kind of work 12. CITIZEN OF WHAT COUNTRY! 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or fore gn country) гепоче done during most of working life, aven if retired? Maryland U.S.A. Brewer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please Then please Marie Pieas John Biettger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANT (Yas, no, or unkown) (Ifyasgivawarordalesofsarvice) removal, Springfield Hospital Records 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), and (c), INTERVAL BETWEEN Lears Arteriosclerotic cardiovascular disease PART I. DEATH WAS CAUSED BY: paudis IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the underlying causa last. the ha PART II. OTHER SIGNIFICANT COND. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE CONDITION. GIVEN IN PART 1(a) 19. WAS AUTOPSY C.B.S. assoc. with cerebral arteriosclerosis with psychotic reaction. PERFORMED? certifica NO 😿 Pulmonary tuberculosis. USe prior 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of Itam 18.) stained by the ho OR: After this ce e detached for u (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f., (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) Not While While Hour a.m. at work at work 4 may be retaine
L DIRECTOR: /
e 3 should be det
the State Dept. o 21. I certify that (I) (this hospital) attended the deceased from August 22, 1960, to October 20, 1961, that (I) (we) last saw the deceased alive on October 19, 19 61, and that death occured 3:00 MM from the causes and on the date stated above. 22a. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Agustin delCampo. M.D. Springfield Hospital, Sykesville, Md. 23a. BURIAL, CREMATION. | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) P D Oct. 23, 1961 Parkwood Cemetery Parkville. Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE Ullric h Funeral Home, Baltimore, Md. Cother & Though

MARYLAND STATE DEPARTMENT OF HEALTH

physician dician. physi hospital

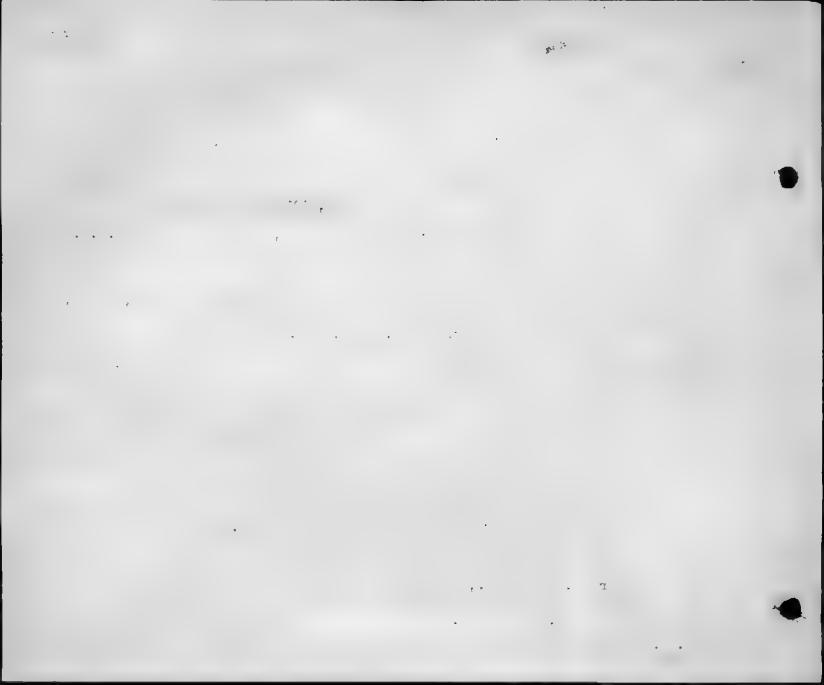
> VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11924 CERTIFICATE OF DEATH 11234

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission)
a. COUNTY Carroll MARYLAND	a. STATE (*Id., b. COUNTY Caroline
b, C.TY OR TOWN (if outs de corporele limits, c LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN, If outside corporate limits, write RURAL and give neerest town)
Henryton 57 Days	General Delivery
d. NAME OF HOSPITAL OR INSTITUTION, if not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
Henryton State Hospital	General Delivery, Federalsburg, YES NO
3. NAME OF First Middle DECEASED	Lasi 4 DATE Month Day Year
	Bost DEATH October 21 19 61
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18.	DATE OF BIPT-1 9 AGE (In years , IF UNDER 1 YEAR F UNDER 24 HRS
20 20 20	ay 9, 1914 47 Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No record	Concord, North Carolina U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Bost	Molly Bost
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. II	NFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordelesofservice) No 198-07-9788 Le	onard Bost- 4910 Hooper St., Phila.Penna
18. CAUSE OF DEATH (Enter only one cause per line for .e), (b) and (c),	INTERVAL SETWEEN
	ONSET AND DEATH
PART I. DEATH WAS CAUSED 87: IMMEDIATE CAUSE .e) Far adv. bilat. ;	ourm. toc., day reaction.
DUE TO	W
Conditions, if eny, which geve rise to immediate cause	sease. Myocardial infarction.
(a), steting the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) 19. WAS AUTOPSY PERFORMED?
E C	YES NO -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING 204 EXAMINER)	, (Enter neture of injury in Pert For Pert II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Stete)
	ory, street, office bldg., etc.)
21 1 certify that (I) (this hospital) attended the deceased from.	8-24-61, 19, to10-21, 1961 that (I) (we) last
	death occured at.4.227 Brosh the causes and on the date stated above.
22a SIGNATURE /2	22b. DATE
Edgars M. Mean long	D. ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S	22d, ADDRESS
NAME Edgars M. Maculans., MD	Henryton State Hospital
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (
Burial Oct. 25,1961 Mt.Zion Cenat	
J. J. Framptom and Son, Federalsburg, Ma	ryland 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Carthur L. Kiana
	I DAIL



VR A15 (4)

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAIM CERTIFICATE OF DEATH 11235Item 10 F11 12 OSURE RESPENSE Wildre deceased Rived, If institution, Residence before admission I. PLACE OF DEATH a. COUNTY **b** COUNTY Baltimore MARYLAND Maryland Carroll b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) Sykesville months 13 dys. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO TO 70 Murdock Road Springfield State Hospital Month DECEASED (Typa or print) DEATH Sebastian John October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER I YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthday) WIDOWED -DIVORCED | March 22. Male 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Maryland 14. MOTHER'S MAIDEN NAME U. S. A Bookkeeper -retired David Brauer Katherine Hook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give we rordates of service) 215-05-9h0h Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), [b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Arteriosclerotic C. D. D. DUE TO Generalized Arteriosclerosis gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of in ury in Pert I or Pert II of item I8.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) fectory, street, office bldg., etc.) While _Not While Hour a.m. et work et work 21. I certify that (i) (this hospital) attended the deceased from July 31, 1961 to October 11961, that (i) (we) last 22b. DATE 22a SIGNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHY5. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) Baltimore, Maryland 0 - 18 - 61Burial Loudon Park Cemetery 25% REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

Lin my S. Thous



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 11235 Reg. Dist. No. I director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporale limits, write E LENGTH OF STAY IN 16. c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) should d. NAME OF HOSFITAL (If not in hospital, give street oddress)
OR-INSTITUTION d_STREET ADDRESS e. IS RESIDENCE ON A FARM? 26 YES 🔲 NO 🕰 and 2. 3. NAME OF 4. DATE First Middle Month Last ely filled i Pages 1 o DECEASED OF DEATH (Type or print) 196/ 9 AGE (In years NDER 24 HRS. 6. COLOR OR RACE letely 5. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Months WIDOWED 📂 DIVORCED | compl USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup corban ofter FATHER'S NAME physician remave WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT affending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (c) - Lely DUE TO é Conditions, if any, which permit signed gove rise to immediate DUE TO couse (a), stating the underond lying couse lost. burial-transit has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO 4 7 2 2 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of ilem 18.) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work Octo 24-19/0/that I last saw the deceased 21. I certify that I attended the deceased from 1972 burial, detached and that death accurred at 630 AM, from the causes and an the date stated above. DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL SIGNATURE should PHYSICIAN'S 220. BURIAL, CREMATION, 226. DATE THEREOF 22d LOCATION (City) lown, or county) TO FUN poge MOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATESCT

VS A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



प		'n	£	1
Page		recto	3	
7.		io G	Ē	/
deat		ner	d b	
Ter		ne fu	haul	
20 01		± %	2 s	
hau		.5	auq	
9		ed	es i	Ę.
411		ily f	Pag	dec
3		plete	2	after
cule		FDS	adpo	Urs
exe		pur	פחק	5 모
e pe		an c	carb	in 7
100		ysici	ave	¥.
ertii		Hd E	remo	/ent
#		idinç	ose	y e
de		atter	를	in d
the		he	Then	pu
that		þ	<u></u>	۵,
ires		Pillul	FLE	YOU.
redi	6	n sig	1sit	ar re
ě	ysici	bee	-tran	оп,
Jhe Th	P	has	irial	mati
ż	iding	ante	e p	Sug.
2	atter	rtiffe	士 #	rial
HYS	b	is ce	use	ā
G	pila	F F	for	ior
N	has	Afte	hed	hР
	the	OR:	etac	8
A	d by	ECT	b ec	of ⊱
5	aine		Pla	pood
MIA	reh	RAL	sha	e Bo
TO HAND IN ATTEMBING PHYSICIAN: The law requires that the death certificate be executed with the hours after death. Page 4	5	TO FUNERAL DIRECTOR: After this certificate has been signand by the attending physician and campletely f ed in by the funeral director,	G eg	the State Board of Health priar to burial, sessimation, ar removal, and in any event, within 72 haurs after death.
0	DIL	OF	ba	the
VP.	A	15	(4)	
15	M	9/5	9	

haurs after death. Page 4

1 PLACE OF DEATH g, COUNTY			2. USUAL RESIDENCE (W	here deceosed	lived. If instituti	on. Residence	befare admi	issian)
	arroll	MARYLAND	Maryl	and _	B. COUNTY	gar/zerozwalk		
RURAL and give ne		c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		rate limits, write R	URAL and gir	ve nearest toy	wn)
	yton	3,191 days	<u>Balti</u>	More	_	3 V	U	
d. NAME OF HOSPITA	AL (If not in hospital, give street	address)	d. STREET ADDRESS					A FARM?
Henry	ton State Hoa	pital	906 W	Vhatco:	at Stree	t	YES [□ NO 🙀
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mar	th	Day	Year
(Type or print)	Joseph	Edgar	Brown	DEATH	Octob	er	9	1961
S SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9 AGE (n years lost birthdoy)		YEAR IF UNI	
Male	Negro WIDOW	ED 🕞 DIVORCED 🔲	11-28-1888		72 yrs	Manths [Doys Haur	s Min.
10s. USUAL OCCUPATIO	N (Give kind of work done 10bing life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign co	ountry)	12. CITIZ	EN OF WHAT	COUNTRY
		enryton St. H	os Marylan	nd			USA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
T	homas Brown		Alice	Ross				
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Add	ress		
No	If yes, give war or dotes of service)	nknown	Joseph E. Br	own -	Patient			
18. CAUSE OF DEA	TH [Enter only one cause per li	ne for (o), (b), and (c).]					INTERVAL E	BETWEEN
PART I DEA	TH WAS CAUSED BY Rup	tured aneurvs	m of abdomir	nal ao	rta		ONSET AN	U DEATH
012	DUE TO							
Canditions, if or	v. which) as Ar	teriosclerosi	£					
gove rise to in	n mediate	**************************************	5					
couse (a), stating (adv. bilat.	pulm. tbc. w	with c	avity le	ft		
Z PART II OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASI	E CONDITION GIV	EN IN PART	1(o) 19 WA	S AUTOPSY
CATIC	_						PERF	FORMED?
	S UNDERLYING (1) 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port	I (I of item 18.)			
	, ,,	I_	ACE OF INJURY (Home, forsetory, street, affice bldg., et	m, 20f. (City	ar fawn)	(Co	ounty)	(State
Hour o.m.	19 While of wor	rk at work	crory, street, drifte blog., en	c.)				
- ·	t (I) (this haspital) attend	dad the deserred from	Jan. 13 10	53 (Oct. 9	1067	that (I)	(vue) In-
	ed alive an Oct - 9							
			death accurred ar	_ M, Tram	the causes an	a an rne		22b DATE
16	dyars Millica	ntare	M.D ATTENDING N	AED.	STAFF PHYS		10-9-	SIGNE
22c PHYSICIAN'S	/		22d. ADDRESS	TRECTOR LAL	rnis 🗆		10-7-	-01
NAME (Type)	Edgars M. Macu	lans. M. D.	He	nryto	n, Maryl	and		
		23c NAME OF CEMETERY O			ION (City, tawn,		151	lote)
230 BITTAL, CREMATO	10-12-61	St. Lukes M		1	sterstow	, ,		
24 EUNERAL DIJECTOR	S SIGNATURE	ADDRESS		'D BY REGIST		STRAR'S SIGI	<u> </u>	
Charles	R. Law &M	2 Malians	DATE OF	CT 1 0 '6	1 0	thur & 2	Krais	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11239

11228

⊢													
1	PLACE OF DEATH			MARYL	AND	o. STATE		_	d lived. If institution b. COUNTY				ion)
H		arroll If outside corporate limit	s. write	c. LENGTH OF STAY II	N 1b		aryla:		prote limits, write R		Ltime		1)
l	RURAL and give n	eorest town)	,	1 yr. 27 d		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON							
H	Sykesvill d. NAME OF HOSPI	TAL (If not in hospital, gi	ve street		ier y S	d. STREET A				- 4-		e. IS RES	IDENCE
l	OR INSTITUTION	eld State Ho	enit	ลไ		760h Far Hills Drive						e. IS RESIDENCE ON A FARM? YES NO TO	
3	NAME OF	Fire	_	Midd.e					Mon	th	Da		Yeor
ľ	(Type or print)	Lola		Edith			ell	OF DEATH			10		19 61
S	. SEX			IED NEVER MARRIE		DATE OF BIRTH			9. AGE (In years	IF UNDER	1 YEAR		
l	female	white	WIDOWE			7/13/79			lost birthdoy) 82 yrs	Months	Doys	Hours	Min.
ī	Oo. USUAL OCCUPATION	ON (Give kind of work of	one 10b	KIND OF BUSINESS OF	INDUS	TRY IT BIRTHPL	ACE (State	or foreign c		12 CIT	IZEN OF	WHAT	OUNTRY?
L	housewii	rking life, even if retired)		own home			Maryl	and		I	JSA		
1	3. FATHER'S NAME			Owin Money		14. MOTHER'S	- 64						
l	Edison S	S. Beane				Jane	Bent.	lev					
	S. WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ress			
Г	no no	(If yes, give wor or dates of se	FVICE,	none	S.	S. Hosp	ital :	record	ds	Sykes	vil	le.	Md.
F	1B. CAUSE OF DE	ATH [Enter only one co-	use per lir	ne for (o), (b), and (c).]		-					LINTE	RVAL BE	TWEEN
l	PART I. DE	ATH WAS CAUSED BY:	Bre	nchopneumoi	nia						1	Days	
ı	1-	DUE TO		A W A A SE PER A SE									
l	Conditions, if a	ony, which) (b)	Art	eriosclero	tic	heart di	sease	9				Year	.5
ı	gove rise to i												
l	lying couse lost.		Art	erioscleros	sis	4						Years	
1	PART 11. OT	HER SIGNIFICANT CON	OTIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PAI	RT 1(o) 1		AUTOPSY DRMED?
1	CBS assoc	. with cere					~ 2			le			ИО □
	OR CONTRIBUTING	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED	. (Enter noture a	f injury in f	Port I or Por	rt II of item 1B.)				
1	20c TIME OF INJUI		r 20d, II	VJURY OCCURRED		CE OF INJURY			y or town)	((County)		(Stote)
1	20c TIME OF INJUI	19	While of wor	k of work	IGC	lory, street, office	: blug., eic	1					
١	21 I certify the	at 🗯 (this haspital	\ attend	led the deceased I	fram	9/13/	19	60 ta	10/10/	. 19 6	51. th	at 0% /	we) last
	saw the decen	sed alive an1(/10/	1961, and	that d	eath accurred	6:1	5M. fram	the causes ar	d on th	e date	stated	abave.
	220 SIGNATURE			The same of the sa	.,,,,,								b. DATE SIGNED
	Naci	N. Buyukun	sal,	M.D.	A	A D. PHYS		ED RECTOR [SIGNED
	22c PHYSICIAN'S NAME (Type)	200 1	1//	1 6		22d ADOR	-		ield Stat		spit	al	
L	(7),001	Mari 8)	1/2	Juliani	40	KIK.	Sy	kesvi.	lle, Mary	land			
2	3a BURIAL, CREMATIC	4	-	230 NAME OF CEME		CREMATORY			T ON (City, fown,			(Stol	,
100	Burial Specify	Uct. 13,	1961	Woodlawn	Cem	etery			lawn, Bal				yland
2	A FUNERAL DIRECTOR	5 V		ADDRESS		1.1		D BY REGIS				RE	
	-11 1/1/1 1/2	UIIVUO DA	710	121000	1	11/11	0.02 T	6 /61	L. Lathar	I the	a card.		

TO HE State Board of Health Principles or attending pllysician. The faw equires that the death certificate be elecuted with reports offer death. Tage 4 may be expined by the laspital or attending pllysician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 haurs after death. At OR ATTENDING PHYSICIAN: The law equires that the death certificate be executed with a

VR A15 (4) 15M 9/59



ours after death. Page 4

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within,

TO HO

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11230

_	1 7 4 5	GERTINIGAT	E OI DEATH			2 1 - 61
1.	PLACE OF DEATH O. COUNTY A PROLL	MARYLAND	2 USUAL RESIDENCE (Wh a. STATE	ere deceased lived. If institution b. COUNTY	n: Residence before	admissian)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	NGTH OF STAY IN 15	c. CITY OR TOWN (If a	utside corporate limits, write RL	RAL and give neare	est tawn)
		PAL	UPPER	MARLBO	RO N.	10.
	d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION	HOME	d. STREET ADDRESS	*	16x 3	IS RESIDENCE ON A FARM? YES NO NO
3.	NAME OF First	Middle	Last	4. DATE Month	h Day) egr
	OFCEASED (Type or print) WILLARD H	ENRY CI	HAMAN	DEATH OCT.	16	.961
5.	SEX 6. COLOR OR RACE 7 MARRIED	NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days	Hours Min.
L	WHITE WIDOWED	DIVORCED	ARCH 25,1	871 90 yrs.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
100	u. USUA: OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stole	or fareign country)	12 CITIZEN OF V	WHAT COUNTRY
	PAINTER Se	lf	Iowa		08	H
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
L	HENRY CHAPMAN		Amelia W			
	rs, no, or unknown) [If yes, give war or dates of service)	L SECURITY NO. 17 INF	ORMANT	Addre	ISS	
L	no no	ne '/	TYKA IA	(BUTT, W		
	1B. CAUSE OF DEATH [Enter only one couse per line for	(a). (b) and (c).]	/	, ,		VAL BETWEEN
	PART I. DEATH WAS CAUSED BY: J 6 IMMEDIATE CAUSE (6)	(11/27 4	6 6 9	1. 4. 2. E. E. E.		
	A DO DUE TO			1		,
	Conditions, if any, which)	1. IS	PA 1.10-4	11 .1 he v	12	16 4
	gove rise to immediate DUE TO		11			3 4 -
	cause (a), stating the under- lying cause tost.	· ·	JAMI	5 lm1 10	21	2 72
Z	PAIT II OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19.	, WAS ALTOPSY PERFORMED?
CATION			hly			YES NO
Ē	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE	HOW INJURY OCCURRED	(Enter nature of injury in I	Port I or Port II of item 18 }		
CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		1.	M.,		
₹	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY	OCCURRED 20e. PLAC	CE OF INJURY (Home, form	, 20f. (City or town)	(County)	(Stote
MEDIC	Haur a.m. While h	Not while factor	ory, street, office bldg., etc.		,.	·
≥	р. т.	ot wark	1 10 1. 1 . 1	1.7		
	21. I certify that (1) (this haspital) attended #	ne deceased from	is 6.7 1 - 12	Stall teller	19_1/_ tha	it (1) (we) las
		19 and that de	eath occurred at 🛫 🔄	M. From the causes and	d an the date :	
	220 SIGNATURE	slow "	ATTENDING MI	ED. STAFF	20	22b, DATE SIGNE
	MARTINE LELIN 11	49711	22d. ADDRESS	hound		MIL
23	BURIAL, CREMATION 236. DATE THEREOF 23c	NAME OF GENETARY OR	CREMATORY	23d. LOCATION (City, town, o	r county)	(State)
C	remation 10/18/61	Ft. Lincoln		Colmar Man	or,	Md.
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE	
	Francis Gasch's Sons Hya	ttsville. Ma	ryland pageT	1 9 '61 Chille	on S. Throng	

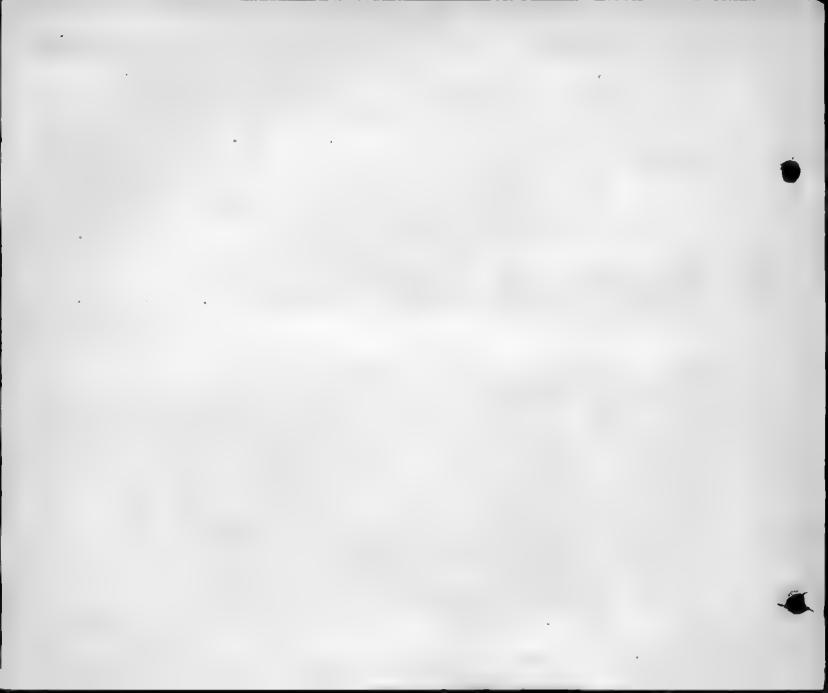


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1	1		1242		CE	RTIFICA	ATE OF	DEATH	1		Reg. Dist.	No.	231
V		PLACE OF DEATH					2. USUAL RES	SIDENCE (Whe	ere deceased	lived. If institution	ni Residence I	pefore admi	ssion)
_	ſ,		2611			MARYLAND		Maryle	and	b. COUNTY	Carr	oll	
	1	b. CITY OR TOWN (If a	outside corporate limi	ts, write	c. LENGTH OF	STAY IN 16	c. CITY OF	TOWN (IF at	utside corpore	ita limits, write Ri	JRA1 ond give	nearest lov	rn)
	R	RURAL and give rison ural Tay	lorsvill	e	15	years	XRura	1 Ta	vlors	ville			
		d. NAME OF HOSPITAL			ddress)		d. STREET	ADDRESS	·			e. 15 RE	SIDENCE
		R. D. 2	. Mt. Ad	rv			R.	D. 2	. Mt.	Airv			A FARM?
	3 1	NAME OF	Fi.	nt		Middle		ost	4. DATE	Mont	h	Doy	Year
1		DECEASED (Type or print)	13		D				OF DEATH	October		00)	1961
-	5. 5		ASTY 6. COLOR OR RACE	7 444 0014	D TI NEVER		NDON B. DATE OF BIR	TH			IF UNDER 1 Y	EAR IF UN	
									-0-1	lost birthdoy)	Months Do		
	10.	emale	White	WIDOWED			Septem		, 1879	82 yrs.	12 CITIZE	N OS WH	T COUNTRY
	100	during most of working	g life, even if retired	done IVD. K	IND OF BUSIN	AE22 OK IMDU:			_	arry)	1		
	_	Housewif	e	<u> </u>	ome			rylan			U	S.	A.e
	13.	FATHER'S NAME					14 MOTHER	'S MAIDEN N		_			
			ir					nnie	<u>Ri</u>	gler			
	15. (Yes	WAS DECEASED EVER	IN U. S ARMED FOR		OCIAL SECURI	TY NO 17. I	NFORMANT			Addr	·" Mary	rland	
		******		1	****	****M7	s. Eve	lvn F	rankl	in, R.	D. 2,	Mt.	Airy
		18. CAUSE OF DEATE					-4		4			INTERVAL E	ETWEEN
		FIRST I. DEATH	1 WAS CAUSED BY. MMEDIATE CAUSE (6	a an	terio i	Selera	Tie C.	ardio-	· Vace	color de	Clapater	ipes	
		422.1	DUE TO	•								,	
		Conditions, if ony	, which)										
		gove rise to im-	mediate (
		tause (o), stating the lying couse lost.	e under-	-)									
	Ζ	PART II. OTHE	R SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED 1	TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1	o) 19. WA	AUTOPSY
1	CATION												ORMED?
	FEC	20a. ACCIDENT WAS	UNDERLYING []	20b. DESC	RIBE HOW INJ	URY OCCURRE	D. (Enter noture	of injury in P	ort I or Port	I of item 1B)		1 100	<u>,</u>
	CERTIFI	OR CONTRIBUTING E	CAUSE OF DEATH				,	' '					
	_	20c. TIME OF INJURY			JURY OCCURR	FD 20e. Pt.	ACE OF INJURY	(IHome, form.	20f (City o	or town)	íCou	abd	(Stote)
	MEDICAL	Hour o.m.	19	While	Not while	fo	clory, street, offi	ice bldg , etc.	}	,	(000	,,	(0.0.0)
	₹	p. m,		of work		1		/ /	1 (- /	,	<u> </u>	
		21. I certify tho	t i ottended the	decease	g irom,	<u>- </u>	,			2 1961			
1		olive on 10	=-41	196	$I_{,-}$, ond	that death	occurred o			the causes o			
			. 1 2	1/	4			*	ADDRESS (Stre	et, city or town,	state)		ATE SIGNE
		SIGNATURE RULLE	4 0 00	Carlo a			M.D					16-	-12-6
		PHYSICIAN'S TA	MES 7	- MA	REM		И	VEST	Tm,	SETE	RI	חח	
	220	- BURIAL CREMATION	22b DATE THERE	OF	22c. NAME O	F CEMETERY O	R CREMATORY		22d. LOCATIO	ON (City, town, o	or county)	(St	otel
		REMOVAL (Specify) Burial	10-14-1	061	Tavlo	newill	e Ceme	tanz	Tarl	orsvil	lo Ma	arvla	· _
	23.	FUNERAL DIRECTOR'S		701	ADDRESS	1 . O. V . I . I	e Geine	24n REC'D	BY REGISTR	AR 24b REGIS	TRAR'S SIGN		1111
		C. M. WA	AT.T.Z. M	INFIE	atan '	MARYLA	ND	TOGTAG	1 6 '61		un S. Hu	aul4	
	<u></u>	To The Title		F 147 7 1	1111/9	CHANGE AND PROPERTY.	uil.	1					

TO HE STAL OR ATTENDING PHYSICIAN; Ine iaw requires incompletely target in by the funeral director, may be retained by the haspital ar attending physician and completely target in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely target in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

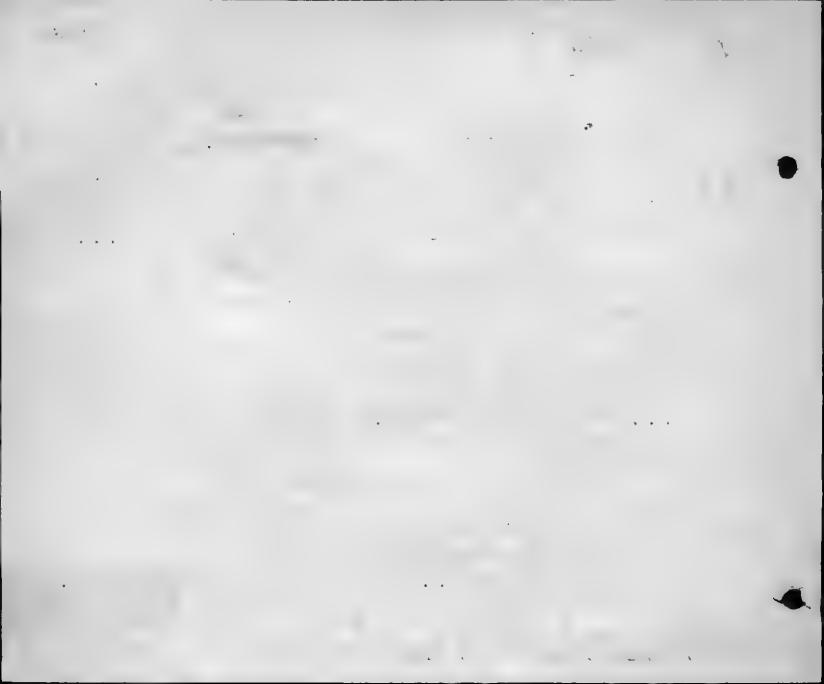


	- X ()					
PLACE OF DEATH			2. USUAL RESIDENC			esidence before edm ssio
a. COUNTY Car	roll	MARYLAND	a. STATE Mary	land b.	COUNTY Bal	to.City √
b. CITY OR TOWN (if o	pulside corporete limits,	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IN		s, write RURAL and	
Sykesvil]	Le	18 days	Baltimo	re 16		SVEL
	L OR INSTITUTION (if not in hos	Y	d STREET ADDRESS			a. IS RESIDENC
Springfie	eld State Hospi	tal	3501 Winter	bournee Ros	ad	YES NO TO
NAME OF	First	Middle	Lest	4. DATE	Month	Day Yeer
DECEASED (Type or print)	Charles	Baxter	Davis Death		ctober	1. 19 61
SEX	6. COLOR OR RACE 7. MARRIE		DATE OF BIRTH		years IF UNDER 1	
Male	White WIDOWE		July 8, 1888	last birth	yrs. Months D	Days Hours Min.
. USUAL OCCUPATIO	N (Give kind of work 10b. K	IND OF BUSINESS OR INDUSTR		y & State, or foreign co	- ,	ZEN OF WHAT COUNTR
ona during most of working Pensione	ing life, even if retired)	_		arolina		S.A.
. FATHER'S NAME	,		14. MOTHER'S MAIDEN I		1 0	@ 5.0° @ 42. B
Unknown			Mary An			
	IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO.1 17. I			ddress	
les, no, or unkown) (Ify	esgive werer detesofservice)					
TIR CHIEF OF DE	ATH [Enter only one cause per l	lung for (a) (b) and (c)	Springfield	HOSPITAT IN	scor as	I INTERVAL BETWEEN
	WAS CAUSED BY:	line for (e), (b), end (c)	r			ONSET AND DEATH
	MEDIATE CAUSE (+)	ronchopneumoni:	å a			_ Days
770	DUE TO				- 1	
Conditions, If any,	1-7					
gava rise to immediete (a), steting the und						
ceuse lest.	(6)					
PART J. OTHER S	IGNIFICANT CONDITIONS CON	TRIBUT NG TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITIO	IN GIVEN IN PART	1(e) 19. WAS AUTOPS PERFORMED?
O'D'D' MT	th cerebral art	erroscierosis.				YES NO
C.B.S. WIT	JNDERLYING 2Db. DES	CRIBE HOW INJURY OCCURED	. (Enter nature of injury in P	ert I or Pert II of Item 15	à.)	
OR CONTRIBUTING (IF EITHER, NOTIFY M	MEDICAL EXAMINER)					
20c. TIME OF INJURY	Month, Dey, Year 20d.		CE OF INJURY (Home, ferm		{Cour	nty) (State)
Hour a.m.	While	- 1401 (CINIO)	ary, street, office bldg., etc.			
	at (I) (this hospital) atten	the transfer of the transfer o	Sentember 23	ofl . Octo	her 1 10	67 Hay (1) (1)
	d alive on October	Haly, and that	death occured at ILLA	"YANG TILOW tue ca	uses and on the	ne date stated abo
22a. SIGNATURE	oils land	Freed MIX	241146	LED. STAFF		10/1/61
- Justan	111/ Magne	CHARLES - 17/1/ W	D. PHYS. D	RECTOR PHYS.	-	10/1/01
22c. PHYSICIAN S NAME (Type)	Naci Buyukuns	al M.D.		ld Hospital	Sykesyi	The Md.
]		-				
3e. BURIAL, CREMATION REMOVAL (Specify)	N. 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C	ity, fown or county	(Stete)
solitial	10-4-612	herald Ku	deje Cem.	1 Merser	Lle Tro	
SUNERAL BIRECTONS	SIGNATURE	ADDRESS	13 And 258. REC	D BY REGISTRAR 25	b. REĞIŞTRAR'S S	
1 " Tile	Chor Son	· // 1/1/2 are	delle, DATE DE	T 3 '61	Clother S.	Thank
- 1	7					

TO IN SPIRAL OR ATTENDING PRINCIPAR: the law requires that the death certificate be exceeded within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

JO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transif permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be exe OR ATTENDING PHYSICIAN: VR A15 (4) 15M 9/60

within 24 hours after



AL OF ATTENDING ENTIRIAL: The law requires that the death certificate lie executed within,

TO HO

VR A¹5 (4) 15M 9/59

ours after death. Page 4

10 m	- A- 3 3	Thom	7 - 11 - 12	12 - 17-	71.1.26.11.7				- , , ,	
1. PLACE OF DEATH a. COUNTY	erroll	Item	4 Film G3	00 1	USUAL RESIDENCE WATY.	there decease	d lived. If instituti b COUNTY	on: Residence Washin	before odr gton	nissian)
b CITY OR TOWN RURAL and give i	(If autside carporate limi nearest tawn)		LENGTH OF STAY I		c. CITY OR TOWN (II	autside carpa				awn)
Rural -	 Sykesville 	, p	months-2	7 day	S Hance	ock				
OR INSTITUTION					d. STREET ADDRESS		211		10	RESIDENCE N A FARM?
Spring	field State	Hosp	ital			100		-	Rest. TES	□ NO @
3. NAME OF DECEASED (Type ar print)	Fir Mvrtle		Middle Gaynell	e	FINK	4. DATE OF DEATH	Mor 10		Poy	19 61
5. SEX	6. COLOR OR RACE		NEVER MAPPIE	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UI	NDER 24 HRS.
	1						last birthday)	Manths (Days Hau	rs Min.
Female	White	WIDOWED	100		11-3-92		68 уп.			
10a USGAL OCCUPATI	ION (Give kind of work or king life, even if retired)	dane 10b. Kl	ND OF BUSINESS OF	RINDUSTRY	11, BIRTHPLACE (Stat	le or fareign c	ountry)	12 CITIZ	EN OF WHA	T COUNTRY?
Housewi					Pennsylv	vania		U.S	- A -	
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN			1 0 9 5	4229	
Frank H				.,	Josephine	e Graha				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		CIAL SECURITY NO.	17 INFOR	MANT		Add	ress		
No	(7) 702, 911 107 01 000 01			Hos	pital_reco	rds				
18. CAUSE OF DE	ATH [Enter only one co	use per line	far (a), (b), and (c).]						INTERVAL	BETWEEN
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease									ONSET AND DEATH	
1, 2	IMMEDIATE CAUSE (a		TTODOTOTO	TIC.	ar o brada	<u> </u>			year	<u>a</u>
Generalized arteriosclerosis									TIGOTIC	
Canditions, it ony, which) (b)									years	
gave rise la	immediale Dus To									
lying couse lost	the under-								}	
		DITIONIS	NITRIE ITING TO OCA	714 5147 4161	PRIARO DO TUERO		F CO. 15151411 011	/F: / 45 B 4 B 7	1. 1 10 147	LC AUTORCY
Chroni Chroni	ther significant con brain sync	inomo co	NIKIBUTING TO DEA	10 801 NO	CONCLUSION OF THE PERI	MINAL DISEAS	E CONDITION GE	a tot	1 PEI	REORMED?
S parchot	ic reaction	ILOUIS .	ilentic se	TOTAL	cereprat a	ar cerre	scretosr	S WILL	YES YES	NOT
20g ACC DENT W	AS UNDERLYING COME CAUSE OF DEATH AMEDICAL EXAMINER)	20b DESCR	IBE HOW INJURY OF	CURRED (E	nter nature of injury H	n Port I ar Por	t (I af item 1B.)		,	
\$ 200 TIME OF INILL	RY Manth, Day, Yes	ar 204 IN11	URY OCCURRED	20= PLACE	OF INJURY (Hame, far	rm 206 (Cib	or tawn)	150	อเกรษ)	(State
20c. TIME OF INJU		While	Nat while _		, street, affice bldg., e		or idwii)	(0)	auniy;	(31016
₩ p. m.	10	at wark [at wark			i				
21 Lengtific th	at XI) (this haspi <u>t</u> al	\ estanda	d the decembed	· 1.	-10 1	ر ب رک	LO-7-	10.61	. short N	(we) last
	76	7-7-				55	Table & America			
saw the deced	sed alive an		1904 , and	that deat	h accurred at 10	W, fram	the causes ar	d an the	date stat	
220 SANATURE	Time 1	1. // /	2. /		A TTT- 1711 17		47.77			22b, DATE SIGNED
1 Con	wm a	Ler (wow.	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. X			3101112
22c PHYSICIAN'S			- //		22d. ADDRESS					
NAME/(Type)	Agustin del	Camp	o.M.B.		Syke	sville	Marylan	d		
230 BURIAL, CREMAT	ON. 236 DATE THEREC)F	23c NAME OF CEME	TERY OR C	TORY .	23d, LOCA	TION (City, lawn,	or county)	- 19	itote)
REMOVAL (Specif)			414	0 .0	1 0 :	3 4		0	. (-	30-6
Dureo (1/6-//-6		Af (Polais	Laty	alle	How	coel V	1and	490	y max
24. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		25g REG	cyd By Regist	TRAR 256 REGI	STRAR'S SIGI	NATURE	
La -	1-0 1 25		16.	. 0	DATE)	CT 1 3 '6'	1		Y	
			func	<u> </u>	A STATE OF THE STA	4 3 0) (Int	ing 8 th		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11234

ours after death. Page 4

TO HO: AL OR ATTENDING ENYSIGIAN: The low requires that the Seath certificate be essented within a pars after death. Page 4 may be stained by the haspital or ottending physicias.

TO FENERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the Stale Board of Health prior to burial, cremation, or removal, and no my event, within 72 hours ofter feath

VR A1S (4) 1SM 9/59

		LACE OF DEATH	Carroll.		MA	RYLAND			¥ (Where yland		lived. If institution b. COUNTY		before roll	admissia	in)
		CITY OR TOWN IN RURAL and give in ITal-Syko	If outside carporote limi learest tawn)	1	y. 10 m		{ !	city or tow		de carpor	ate limits, write RI	URAL ond gi	va negra	st tawn)	
)	d	I. NAME OF HOSP	TAL (If not in haspital, g		ess)		11	STREET ADDR		Stree	t]		IS RESID	FARM?
	D	IAME OF PECEASED (ype or print)	Cora	अ	Midd Bel	inda		ritze		DATE OF DEATH	Man 1.(Day 9		961
	s. si £€	emale	6 COLOR OR RACE	7 MARRIED (NEVER MAR		B. DATE	22/74			9. AGE (In years last birthdoy) 87 yrs	Months [Hours	Min.
	10a	USUAL OCCUPATION during most of wo housewif	ON (Give kind of work riking life, even if retired	done 10b KINE	OF BUSINESS	OR INDU	STRY 11	. BIRTHPLACE Mary		foreign cai	untry)		EN OF V	VHAT CO	DUNTRY?
	13. F	ATHER'S NAME					14. h	OTHER'S MAI	DEN NAM	4E					
		Ezra Wan	tz					Belind	la Bro	own					
			ER IN U. S. ARMED FOR		IAL SECURITY N	17. II	NFORM/	INT			Addr				
		20	(i) yes, give wer or eares or a	as -10a)		S.	S.	Hosp.	reco	rds	Sy	kesvi.	lle,	Md.	•
			ATH [Enter only one co ATH WAS CAUSED BY IMMEDIATE CAUSE (o	Arte	r (a), (b), and (erioscle		c he	art dis	sease	•	_		ONSE1	AND I	DEATH
	Conditions if only, which gove rise to immediate couse (a), stating the under-lying cause last. Generalized arteriosclerosis. Yea										ars				
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CBS assoc. with senile brain disease with psychotic reaction. YES NO YES NO YES NO YES NO Y													
	E	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of Item 1B) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIPY MEDICAL EXAMINER)													
	MEDICAL	20c. TIME OF INJU Haur a.m. p.m.	RY Manth, Day, Ye 19	or 20d INJUR While of work	Nat while at wark			INJURY (Home reet, office bld		20f. (City	or town)	(Co	ounty)		(Slote)
		21 I certify th	at 01 (this hospital) attended 0/9	the decease	d from	Leath (11/19 accurred at	156 2:30	pM fram	10/9 the causes an	, 19_6 d an the	1, that	t () (v tated	ve) last abave
1		Mace Mace	gr. Br	yuk	maa	5	M.D. P	TTENDING HYS.		TOR 🗆	STAFF PHYS X			10/9	DATE SIGNED 9/61
		22c PHYSICIAN'S NAME (Type)	Naci Buyuk	ınsal,	M.D.		2	2d. ADDRESS	Spri	ngfie svill	eld State Le, Mary	e Hosp Land	ital	•	
	1	REMOVAE (Specify	10/12	OF 6/23	C. NAME OF CE	METERY C	R CREM	Perne	Ticy	h	Cottonia	noli	2	(State	26
	24	- 2 7	R'S SIGNATURE	1./14	ADDRESS	ms	Luc	910 0 250	RECO B	REGISTING 1 1 3 '	04	STRAR'S SIG		A	-



11246

PLACE OF DEATH COUNTY Carroll b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town)
Rural - Sykesville d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Springfield State Hospital DECEASED (Type or print) S. SEX Female Housewife

a. STATE MARYLAND c. LENGTH OF STAY IN 1b 2vrs. 2davs

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Baltimore d. STREET ADDRESS

FRIEDEL

Mary Land

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

1901 S. Newkirk Street

YES NO TX Year

e. IS RESIDENCE

ON A FARM?

W: W directar,

filed

pe

should

funeral

the

24

in bro

campletely

pue

physician 1 with

attending 1

۾

has been signed

certificate

this

40

by the hasp tal detached for prior After

cRAL DIRECTOR.

remove

pleam

permit.

os the burial-transit attending physician

use

crematian,

burial,

Health

Boord

the

be

3 shautd

papers.

death.

72 carban

aurs after death. Page

6. COLOR OR RACE 7 MARRIED A NEVER MARRIED White WIDOWED |

Sarah

DIVORCED [

Middle

Tsahelle

B DATE OF BIRTH 6-19-97 DEATH

4. DATE

9. AGE (In years last birthday) 6/1 yrs.

OCTOBER

19 67 IF UNDER 1 YEAR IF UNDER 24 HRS. Haurs Days

10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired)

Maryland

14. MOTHER'S MAIDEN NAME

12. CITIZEN OF WHAT COUNTRY? U.S.A

Months

13. FATHER'S NAME

Charles Ketchun

IMMEDIATE CAUSE (o)

DUE TO

DUE TO

Rose Horne 17 INFORMANT

Address

Month

IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO No

18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c).

Hospital Records

INTERVAL BETWEEN ONSET AND DEATH months

PART I. DEATH WAS CAUSED BY Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse last.

Arteriosclemtic heart disease

vears

CBS associated with cerebral arteriosclerosis, with psychotic reaction

CERTIFI

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19

20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.)

WAS AUTOPSY PERFORMED? YES 📆 NO 📋

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year

20d. INJURY OCCURRED Wh le Not while

Heart failure

20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg , etc.)

20f. (City or town)

___19_6L and that death accurred at 2:35 M, from the causes and an the date stated above

(County) (Stote)

21 I certify that (X) (this haspital) attended the deceased fram. 10-16 saw the deceased alive an

Hour a m.

of work at work

1959, ta 10-18 , 1961, that (4) (we) last

22o. SIGNATURE

10-18

ATTENDING PHYS M.D 22d. ADDRESS

PHYS IX DIRECTOR |

22b DATE

(State)

22c PHYSICIAN'S NAME (Type)

230 BURIAL, CREMATION.

Burial

REMOVAL (Specify)

Ilse Kamm. M.

JOHN J. DUDA 2829 Hudson St. 24. Md.

23b DATE THEREOF

Sykesville, Maryland 23c NAME OF CEMETERY OR CREMATORY

23d LOCATION (City, lown, or county)

O'Donnell 256 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Mt. Carmel

25o, REC'D BY REGISTRAR DATE OCT 2 5 '61

Children S. Hraus

page 3 the Stat FUN 2 VR A15 (4) 1SM 9/59



ARYLAND STATE DEPARTMENT OF HEALTH 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11247 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) e. COUNTY b. COUNTY Maryland Carroll MARYLAND Balto. City by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) .= __ 4yrs. Amos. 25dys Baltimore 18 Svkesville Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Springfield State Hospital 612 Montpelier Street 3. NAME OF DATE Middle DECEASED George Leslie Garnett DEATH (Type or print) October 6 1 carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months October 7, 1894 Male White WIDOWED -DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY , 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Carpenter Pennsylvania attending ph Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and George Garnett Hester Rogers Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (livesa vewerordatesofservice mova Springfield Hospital Records cian. 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: Heart failure due to arteriosclerotic heart disease IMMEDIATE CAUSE (e) **DUE TO** Healed milliary pulmonary tuberculosis. Conditions, if eny, which gave rise to Immediate causa DUE TO (e), stating the underlying certificate ha PART 11. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY C.B.S. assoc. with cerebral arteriosclerosis with psychotic reaction.
C.B.S. with alcohol intox. without qualifying phrase. Pulmonary T.B.
Oc. ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INLURY OCCURED. [Enter return of injury in Port for Part II of From 18.] 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, (County) Not While fectory, street, office bldg., etc.) While Hour m.m. al work et work 10-19-1961, and that death occurred above. saw the deceased alive on..... 22n. /SIGNAJURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 20c. PHYSICIAN'S Springfield State Hospital, Sykesville, Md NAME (Type) Julian Radzykewycz. M.D.

23c. NAME OF CEMETERY OR CREMATORY

Baltimore National

death. 15M 9/60

filled i

completely

and

physician

peen

댶 After

may be reraine DIRECTOR:

10-23-61 St. Paul Street 24 FUNERAL DIRECTOR'S SIGNATURE 7 1217

238. BURIAL, CREMATION, 1236. DATE THEREOF

Baltimore 25a. REC'D BY REGISTRAR (25b. REGISTRAR'S SIGNATURE withing S. Thous

23d. LOCATION (City, town or county)

TZOD

19

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

Years

Years

PERFORMED? YES TO NO -

(State)

10-19-61

(State)

IS RESIDENCE ON A FARM?

YES NO X

1961

IF UNDER 24 HRS.



CERTIFICATE OF DEATH

	i
# \	ļ.,
7	
*/	
-	-
5 6	
7	
	_

with director

should be filed

funeral

24

9

Fil ed

completely

puo pou 72

Pages

papers.

permit.

been signed

has

certificole

pllysician. **Surial-transit**

by the haspital

detached

8

P

hours

PLACE OF DEATH a. COUNTY Carroll

MARYLAND

2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Maryland

b. COUNTY Montgomery

c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write Sykesville

yrs 16 dys

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Rockville, Md

d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Springfield State Hospital

d. STREET ADDRESS LO2 Argyle St. e. IS RESIDENCE ON A FARM? YES NO

3. NAME OF DECEASED (Type or print) S. SEX

 ${f Edith}$

Grav

4. DATE DEATH

Month Oct

during most of working life, even if retired)

6 COLOR OR RACE 7. MARRIED NEVER MARRIED

B. DATE OF BIRTH

9 AGE (In years last birthday)

1961 IF UNDER 1 YEAR IF UNDER 24 HRS Days

Female Mh

WIDOWED [X] DIVORCED [

10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE (State or foreign country)

Months 12 CITIZEN OF WHAT COUNTRY?

Housewife

Virginia 14 MOTHER'S MAIDEN NAME

U.S.A.

13. FATHER'S NAME

Franklin Stearns Emily Palmer

15. WAS DECEASED EVER IN J 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Sprigfield State no

None

Hospital Records

Sykesville, Md

1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY, Subacute vegetation bacterial endocarditis.

DUE TO

DUE TO

Canditions, if any, which gave rise to immediate cause (a) stating the underorganism unknown

left lung - Bronchopneumonia.

(c) Bronchostaxis with abscess fremation in lower

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

weeks

INTERVAL BETWEEN

ONSET AND DEATH

weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY

lying cause last.

Manic depressive reaction, depressed type

PEREORMED? YES A NO

CERTIFICATION

20d. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year

20d. INJURY OCCURRED Not while While at wark of wark

20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)

ATTENDING PHYS.

M D

20f (City or tawn)

(County) (State)

21.1 certify that (K (this haspital) attended the deceased from 8-28-1957, 19, to 10-11- 19.61 that (I) (we) last

22c THYSICIAN'

NAME (Type

Hour o m.

22d. ADDRESS

MED DIRECTOR

SIGNED

22b. DATE

23a BUR AL, CREMATION, 23b DATE THEREOF

N. Buvukunsol. M.D. 23c NAME OF CEMETERY OR CREMATORY

Sykesville, Maryland 23d, LOCATION (City, town, or county)

REMOVAL (Specify) Cremation

Cedar Hill Crematory 24. FUNERAL DIRECTOR'S SIGNATURE

Suitland, Maryland 25a. REC'D BY REGISTRAR 29b. REGISTRAR'S SIGNATURE

Robert A. Pumphrey, Bethesda, Maryland

Chilling S. Kines

VR A15 (4) 15M 9/59

FUNERAL DIRECTOR: 2



TO HOW ALL DIRECTOR: After this certificate has been signed by the attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Baard at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1		1	1249	DIAISIC	ON OF :	CERT	IFICA	TE (OF DI		MORE I,	MAKIL	AND	1.28	150	}	
1	1. P	LACE OF DEATH	rroll		-	м	ARYLAND		STATE	ence (who Maryl:			If instituted COUNTY	n. Residence	befare	admissi	an)
	Ru	CITY OR TOWN RURAL and give	esville			3y.5m.25			Balt	imore	utside carp	orate lim	its, write RL	JRAL and gi	ve neare	st town	- 4
- Walter	Sp	or instruction	d State	aspital, giv	ital	address)		11	STREET A	Nort	h Ave	nue					FARM?
	C	NAME OF DECEASED Type or print)	E	First dna		Mic	ddle		tosi Ha		4. DATE OF DEATH		Mani 10		Doy 31	1	rear 1961
		Temale	6. COLOR O	9 \	WIDOWE	<u> </u>	RCED 🔲	5/	6/87			74	birthday)	Manths I	\rightarrow	UNDE Haurs	R 24 HRS. Min.
	_	USUAL OCCUPAT during most of wo lousewife	ION (Give kind irking life, even	af wark do if retired)	sne 10b.	Homes			M	aryla	nd	cauntry)			EN OF V	/HATC	OUNTRY?
)		auther H.	Galway						MOTHER'S Langl	MAÏDEN N EY	AME 1	>					
		WAS DECEASED EV., no. or unknown) NO	ER IN U. S. ARI			SOCIAL SECURITY		nform rin		d Hos	pital	rec	Addro ords	syke:	svil.	le,	Md.
			ATH [Enter on ATH WAS CAU IMMEDIATE	SED 8Y:	se per lin	e for (a), (b), and Coronary	4	usi	on						ONSET	AL BE	TWEEN DEATH S
		Canditions, if		DUE TO		Coronar	y arte	rio	scler	osis					У	ear	s
	7	cause (a), stating	the <u>under-</u>	(c)		ON ITRIBUTANCE TO	DEATH DAIR	T NAT B	FLATFO SA		AAA DISSA		Man and	Ch. IN I DADT	1/ 10	14/45	ALITABEV
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(Manic depressive reaction, depressed type, 200. ACCIDENT WAS UNDERLYING DOOR OF CONTRIBUTING DOOR CONTRIBUTION DOOR CO											PERFO	RMED?				
)		20a ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	Y MEDICAL EXA	MINER)				·									
	MEDICAL	20c TIME OF INJU Haur a.m p. m		Day, Year 19	White at wark	Nat while at wark	fa	ctary, si	reet, affice	Hame, farm bldg., etc)				ounty)		(State)
1		21 I certify the saw the dece		m .	attend 0/31	ed the deceas			accurred	12:51	<u>58</u> . ta Ом, РМ п	10 the co	/3 <u>1</u> auses and	, 19 <u>.6.</u> d an the	L, tha	tated	abave
		22a SIGNATURE 22c. PHYSICIAN'S	Rita	X.	8	(ulm		M.D F	ATTENDING PHYS 2d ADDRE	DII	ED .		S 🔀	- TY -		11	SIGNED
		NAME (Type)	Rita		_						kesvi	11e,	Mary		oita	_	e quae yeu
	L	BURIAL, CREMAT PENOVAL (Speni	11-	7-G	/	19 Hell	CEMETERY C	KLL	trin		10	all	ity town, o	ne	, ,	(Stat	
	24	FUNERAL DIRECTO	S SIGNATURE	rigg	4	June	sielle	1, 0	ms.	250 REC'U		61		TRAR'S SIG			



TO HE ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected within 24 hours after a death, "age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours—they death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MATYLOGO CERTIFICATE OF DEATH

٠,	<u> </u>						
g			,			n, Residence	before edmission
	Springfield State Hospi 3. Name of Purst		MARYLAND	Maryland	Ba		
	ŀ	write RURAL and give neerest town)	c. LENGTH OF STAY IN 16		sporate limits, write RURAL	and give nea	rest town)
		Sykesville 3. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, give street eddress)	Baltimore 2 d. STREET ADDRESS		- i	
/,		Springfield State Hospit	al	125 Cheapside			
2"			M.ddle		Month	Dey	Yeer
		(Type of print) Rudolph Carl	()-		H October	5,	19 61
	5.	M-1 7.71.2 L .			1 . 1 . 1 . 1		
	10a	USUAL OCCUPATION (Give kind of work 10b. K			or foreign country) 12.	CITIZEN OF	WHAT COUNTRY?
	doi		2 USUAL RESIDENCE (Where decessed lived, it institutors, Readence before edensitopy of the control of the composition of the composition of the composition of the composition of the state of the composition of the compos				
	13.			14. MOTHER'S MAIDEN NAME			
	}	Thies Jantzen		Matilda Jensen			
1	15, (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.					
				pringfield Hospit	al Records		
		DARK DEATH WAS CALCED BY				ONSE	T AND DEATH
		PART I. DEATH WAS CAUSED BY: Sque	amous cell care	inoma of the lung	with metast	asis.	lionths _
		DUE TO					
		Conditions, if any, which (b) gevanue to immediate cause	_				. E
		(e), stating the underlying DUE TO					
	_	COURSE lest. (C)	JIDIR IT NO TO DEATH BUT NO	T DEFATED TO THE YEDANINAL DISEAS	E CONDITION GIVEN IN P	APT 1(a), 19	V29OTILA 2AW
	CERTIFICATION	C.B.S., alcohol intoxica	tion without q	ualifying phrase.	Pulmonary		PERFORMED?
2	CERTIF	20e. ACCIDENT WAS JNDER YING 20b. DES OR CONTRIBUTING 20b. DES (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Per	t (I of item 1B.)		
}	MEDICAL	Hour a.m. While	Not While fact		ity or town)	County)	(State)
	×	D-111/2 4.5		October 22 10 EQ /	Databam E	10 67	4 (I) () lan
	Ш						
		22a_StGRATURE	A.J17.YAK., and mai	1	mi the causes and o	n me dale	
		Claushin del C	unso. "	ATTENDING - MED.' PHYS. DIRECTOR			10/5/67
		22c. PHYSICIAN'S		22d. ADDRESS			10///
		NAME (Type) Agustin delCam	po, M.D.	Springfield Hos	spital,Sykes	ville,	Md.
		BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	1 1 2 2 1	10	CATION (City, town or co	unty)	(Stete)
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1	ISTRAR 25b. REGISTRAR	SIGNATUI	RE
	1	I with morning	Files 11.	8 900 CHOATE OCT 13'		8 France	



DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11251

11239

	1 PLACE	OF DEATH	-			Î	2. USUAL RESIDENCE (Who STATE AS	ere decease	d lived If institution	an Residence	before adi	mission)	
/				rol.			o STATE Maryla				did	<u> </u>	
		/ OR TOWN (If AL and give ne	outside corparate limi orest town)	ls, write	c. LENGTH OF STAY II		c CITY OR TOWN (If o	atside carpo	orate limits, write RI	URAL ond give	e nearest t	own)	
		Henr			1,793 day	s	Baltim	<u> </u>	1-4				
2	d NAI	me of hospita institution	AL (If not in hospital, (jive stree	t address,		d. STREET ADDRESS			RESIDENCE!			
_>		Hen	ryton Stat	e_H	ospital		302 E.	et	YES	NO 🛣			
	3. NAME DECEA	OF SED	Fi	st	Middle		Lost	4. DATE OF	Mani	th	Doy	Year	
		or print)	Clar	a	Bell	е	Jones	DEATH	1.0		2	1961	
	5. SEX		6 COLOR OR RACE	7 MAR	RRIED NEVER MARRIED	ا 🗖 ا	B. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF U	NDER 24 HRS	
	Fema	le	Negro	WIDOV	VED DIVORCED		2-14-1918		43 yrs.	MONINS	nays I ridi	urs man.	
	10a. USU	AL OCCUPATIO	N (Give kind of work ing life, even if retired	dane 10b	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHPLACE (State of	or foreign o	ountry)	12 CITIZI	N OF WH	AT COUNTRY?	
-		Domesti					Wilmingto:	U.	S. A.	•			
	13 FATHE	R'S NAME				14. MOTHER'S MAIDEN N	IAME						
- 1		Richard	ed Jones				Darlene J	enkin	s				
		DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		Addr	ess			
	N	' '	is yes, give wor or dates at a		Jnknown		Clara B.	Jones	- Patie	nt			
	1B (AUSE OF DEA	TH (Enter anly one co	use per	line far (a), (b), and (c).	-					INTERVAL	BETWEEN	
		PART I. DEAT	TH WAS CAUSED BY:	Fai	advanced	bila	ateral cavit	arv p	ulmonary	TB	ONSELA	ND DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Far advanced bilateral cavitary pulmonary TB DUE TO											
	Car	Conditions, if any, which) (b)											
	gov	gove rise to immed ate couse (o), stoting the under-											
		se (o), stating i g couse last.	ne under-										
											l(o) 19 W	AS AUTOPSY	
	FICATION	PERFORMED? YES \(\text{NO} \)											
	三 20a.	ACCIDENT WA	S UNDERLYING [20b. DE	SCRIBE HOW INJURY OC	CURRED). (Enter nature of injury in F	Part I or Por	rt II of item 18.)				
			CAUSE OF DEATH MEDICAL EXAMINER)										
	₹ 20c. T	IME OF INJURY	f Month, Day, Ye	or 20d.	INJURY OCCURRED		CE OF INJURY (Home, farm,		y or tawn)	(Co	unty)	(State)	
	20c. T	Hour o.m.	19	While at we	e Natwhile	toc	tory, street, office bldg., etc.)					
			t (IV (ship hapaisa				Nov. 5, 15	6 -	Oct. 2.	ın 6	1 about 1	D. Z	
							eath accurred al 2:						
		SIGNATURE S	ed blive on. 99		=3. 17 <u>9</u> 2 / 000 1	inai a	eam accurred o#Z.	AN ILEUM	HAME COUSES ON	o on me	adie sio	22b, DATE	
		16.	agens 1/1.	Mo	mlace	,	A.D. PHYS DI	D.	STAFF PHYS.			10-2-61	
	22c.	PHYSICIAN'S	//				22d. ADDRESS	WEETON _	11110.			10-2-01	
	'	NAME (TypeE	igars M. M	lacu.	Lans, M.D.,	Su	Henryton .	State	Hoenite	T Ha	nnuto	n Md	
	23a. BURI	AL CREMATIO	N. 235 DATE THERES)F	23c NAME OF CEME	TERY OF			TION (City, town, o			State)	
,		OVAL (Specify)	Oct. 6	9/01	Back	22	at Ce.	330/-	Frederick.	1 What	ulli.	mol.	
	24, FUNE	RAL DIRECTOR'S	SIGNATURE	7 41	ADDRESS	17.	250 REC'(D BY REGIS	1	STRAR'S SIGN			
	0,-	- end	Russ		2222 W	- 21	out a BATEOCT	1 0 '6	1 (1.1	hur & T	anua		
No.						7 1	- Contract de						

may an element by the hospital ar attending physician

TO FUNERAL DIRECTOR: After this confiltrate has been signed by the attending physician and campletely filted in by the funeral director.
page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ALOR MITTENDING PHYSICIAN: The law mayings that the death vertificate be executed within TO HO

aurs after death. Page 4

VR A15 (4) 15M 9/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY a. STATE b. COUNTY MARYLAND Carroll Maryland legany b. CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) lvr.llmc19d Cumberland Sykesville d NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUT ON ON A FARM? bedford Street YES NO TO Springfield State Hospital 4. DATE NAME OF First Middle Last Month Year Day DECEASED DEATH 1861 (Type or print) October Lucretia Keller Agnes IF UNDER 1 YEAR IF UNDER 24 HRS 9, AGE (In years 5 SEX 6 COLOR OR RACE 7. MARRIED THEYER MARRIED 8. DATE OF BIRTH last birthday) Months Haurs Days WIDOWED | DIVORCED [Female 74 yrs 10a USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? West Virginia Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mahala A. Slauchter Joseph Slaughter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Springfield 2-2200 Record 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, | 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Hour a.m. While Not while at wark of work n. m. 28, 19.61, that (1) (we) last Oct. 21. I certify that (I) (this haspital) attended the deceased fram. 281961, and that death accurred at 5 M, fram the causes and an the date stated above. Oet. saw the deceased alive an SIGNED ATTENDING PHYS MED DIRECTOR STAFF M D PHYSICIAN'S 22d. ADORESS NAME (Type) DATE THEREON 23c NAME OF CEMETERY OR CREM LOCATION/(City, BURIAL, CREMATION. 23b (State) FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

page 3 the State 0 VR A15 (4) 1SM 9/59



FOR STATE HEALTH DEPT

TO DECUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. To delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bond on the designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

10.120

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11253MEDICAL EXAMINER'S CERTIFICATE OF DEATH

						4
١.	1. PLACE OF DEATH o. COUNTY					esidence before edmission)
		IARYLAND	a, STATE		. COUNTY	Dalla Cutain
		OF STAY IN 16		land If outside corporate fin	te write PHDAL and	Balto.City
V	write RURAL and give nearest fown)	7 3121 11 10	C. CITTOR TO WITE	II onigina corbora a uu	is, write KOKAL end	give meetes lowing
Л	Sykesville 9yrs.9	mos 1da	v Balt	imore	-3	1/0
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stree	Faddress)	d. STREET ADDRESS			. IS RESIDENCE
1	50 . 01 71 01 1 11 11 1		27.30	Callow Ave	nite	ON A FARM?
	Springfield State Hospital	Ų				
	DECEASED		Last	4. DATE	Month	Day Year
	(Type or print) Charles Rand	lolph l	Kennerly	DEATH ()	ctober	30, ₁₉ 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M	APPEN IN B.	DATE OF BIRTH	9. AGE (n years IF UNDER 1	
	Mala Maita		October 15,	7 807 last 8		Peys Hours Min.
	112 113001120 111	ORCED	_	1	yrs.	
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired)	SS OR INDUSTRY	Y 11. BIRTHPLACE (State	or foreign country)	12. CITI	ZEN OF WHAT COUNTRY?
	Laborer -		Marylan	.d		U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN			
Y						
	John Kennerly			English		
1	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECUR	UTY NO. 17, 11	NFORMANT		Address	
		2770 0				
	No - 216-12-	L/ LU:	Springfield l	10spltal_Ke	cords	INTERVAL BETWEEN
	PART I. DEATH WAS CALISED BY					ONSET AND DEATH
	IMMEDIATE CAUSE (a) Acute myoc	ardial i	nfarction			Minutes
	/ DUETO					
	410 -1 DUETO CONONOME DE					Yeare
	Conditions, if any, which (b) Coronary as					Years
	Conditions, if any, which (b) Coronary a:					Years
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which (b) Coronary a: (b) Coronary a: (c)	rterioso	clerosis			
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. Coronary a: (b) Coronary a: (c)	rterioso	clerosis	NAL DISEASE CONDITI	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. Coronary a: (b) Coronary a: (c)	rterioso	clerosis	NAL DISEASE CONDITI	ON GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
77	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. Coronary a: (b) Coronary a: (c)	rterioso	clerosis T RELATED TO THE TERMIN	social beh	avior.	1(a) 19. WAS AUTOPSY
77	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will primary or CONTRIBUTING DOB. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DOB.	rterioso	clerosis T RELATED TO THE TERMIN	social beh	avior.	1(a) 19. WAS AUTOPSY PERFORMED?
17	Conditions, if any, which geverise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will primary or CONTRIBUTING CAUSE OF DEATH.	rterioso	clerosis T RELATED TO THE TERMIN	social beh	avior.	1(a) 19. WAS AUTOPSY PERFORMED?
77	Conditions, if any, which geverise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will primary or CONTRIBUTING CAUSE OF DEATH.	DEATH BUT NO THE ALCOHOLD (FI	T RELATED TO THE TERMIN holism, and a	social beh	avior.	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO
1	Conditions, if any, which geverise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will consider the condition of type will be primary or contributing to cause of Death. 20c. Time of Injury Month, Day, Year 20d. Injury occur while Not While	DEATH BUT NO. Th alcol	T RELATED TO THE TERMIN holism, and a	social beh	avior.	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO
77	Conditions, if any, which geve rise to immediate cause (a), steling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will consider the contribution of the contribu	DEATH BUT NOT THE ALCOHOLOGY OCCURED. [En	T RELATED TO THE TERMIN holism, and a near nature of Injury in Percent CE OF INJURY (Home, farnory, street, office bldg., etc.	social beh	avior.	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO .
, T	Conditions, if any, which geverise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will consider the condition of type will be primary or contributing to cause of Death. 20c. Time of Injury Month, Day, Year 20d. Injury occur while Not While	DEATH BUT NOT THE ALCOHOLOGY OCCURED. [En	T RELATED TO THE TERMIN holism, and a near nature of Injury in Percent CE OF INJURY (Home, farnory, street, office bldg., etc.	social beh	avior.	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO
,	Conditions, if any, which geve rise to immediate cause (a), steling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will consider the contribution of the contribu	DEATH BUT NO. Th alcol RY OCCURED. (En	T RELATED TO THE TERMIN holism, and a neer nature of Injury in Per CE OF INJURY (Home, farmary, street, office bldg., etc.	social beh	avior.	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO .
	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will be primary of contributing of CAUSE OF DEATH. 20s. EXTERNAL CAUSE WAS PRIMARY of CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While at work st work 19 at w	DEATH BUT NO. Th alcol RY OCCURED. (En	T RELATED TO THE TERMIN holism, and a neer nature of Injury in Per CE OF INJURY (Home, farmary, street, office bldg., etc.	social beh	(Coun	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO .
, A.	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will be primary of contributing of CAUSE OF DEATH. 20s. EXTERNAL CAUSE WAS PRIMARY of CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While at work st work 19 at w	DEATH BUT NO. Th alcol RY OCCURED. (En	T RELATED TO THE TERMIN holism, and a near nature of Injury in Peroxy, street, office bldg., etc. Id an Autopsy de, Homicide, CHIEF MEDICAL	social beh	(Coun	1(a) 19. WAS AUTOPSY PERFORMED? YES NO (State)
	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will cause of DEATH. 20b. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While Not While p.m. 19 21. I certify that I took charge of the remains describ death resulted from: Natural causes 2. Accident	DEATH BUT NO. Th alcol RY OCCURED. (En	T RELATED TO THE TERMIN holism, and a niver nature of Injury in Per nature of Injury in Per nature, street, office bldg., etc. id an Autopsy de Homicide CHIEF MEDICAL ASSISTANT MED.	social beh	(Coun	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO .
, A.	Conditions, if any, which gever lise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will cause of Death or Contributing to Co	DEATH BUT NO. Th alcol RY OCCURED. (En	T RELATED TO THE TERMIN holism, and a near nature of Injury in Peroxy, street, office bldg., etc. Id an Autopsy de, Homicide, CHIEF MEDICAL	social beh	(Coun	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO (State) DATE SIGNED
	Conditions, if any, which geve rise to immediate cause (a), storing the underlying cause less. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will cause of Death. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 at work et work to et work at work. 21. I certify that I took charge of the remains described death resulted from: Natural causes Accident Return to the property of the control of t	DEATH BUT NOT THE ALCOHOLDERY OCCURED. (En fecto	T RELATED TO THE TERMIN holism, and a near nature of Injury in Per CE OF INJURY (Home, farmary, street, office bldg., etc. dan Autopsy de Homicide CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA Address (Street,	Inspection , Undeterm EXAMINER LEXAMINER LEXAM	(Coun	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO (a) No (State) DATE SIGNED 10/30/61
	Conditions, if any, which geve rise to immediate cause (a), storing the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will cause of Death. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While at work et work to et work to et work. 21. I certify that I took charge of the remains describ death resulted from: Natural causes Accident actual signature EXAMINER'S James T. Marsh, M.D. 226. BURIAL, CLEMATION, 22b. DATE THEREOF 22c. NAME O	DEATH BUT NOT THE ALCOHOLDERY OCCURED. [Fr. CEMETERY OR	T RELATED TO THE TERMIN holism, and a near nature of Injury in Per CE OF INJURY (Home, farmary, street, office bldg., etc. dan Autopsy de Homicide CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA Address (Street,	Inspection Undeterm EXAMINER LEXAMINER LEXAMIN	(Country) Inquiry ined manner	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO (a) No (State) DATE SIGNED 10/30/61
	Conditions, if any, which geve rise to immediate cause (a), storing the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will cause of Death. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING TO CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While at work et work to et work to et work. 21. I certify that I took charge of the remains describ death resulted from: Natural causes Accident actual signature EXAMINER'S James T. Marsh, M.D. 226. BURIAL, CLEMATION, 22b. DATE THEREOF 22c. NAME O	DEATH BUT NOT THE ALCOHOLDERY OCCURED. [Fr. CEMETERY OR	T RELATED TO THE TERMIN holism, and a near nature of Injury in Per CE OF INJURY (Home, farmary, street, office bldg., etc. dan Autopsy de Homicide CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA Address (Street,	Inspection , Undeterm EXAMINER LEXAMINER LEXAM	(Country) Inquiry ined manner	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO (a) No (State) DATE SIGNED 10/30/61
	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will consider the contributing of Course of Death. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING COURSE OF DEATH. 20b. DESCRIBE HOW INJURY COURSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While Not While at work of the remains described death resulted from: Natural causes Accident ACTUAL SIGNATURE EXAMINER'S JAMES T. Marsh, M.D. 226. BURIAL, CLEMATION, 22b. DATE THEREOF 22c. NAME O	DEATH BUT NOT THE ALCOHOLDERY OCCURED. (En fecto	T RELATED TO THE TERMIN holism, and a nier nature of Injury in Percept, street, office bldg., etc. dan Autopsy de Homicide CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA Address (Street, CREMATORY	Inspection Undeterm EXAMINER LEXAMINER LEXAMIN	(Country) Inquiry Inquiry Indian manner Y, town, or country)	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO (State) and in my opinion DATE SIGNED 10/30/61
	Conditions, if any, which geve rise to immediate cause (a), stating the underlying cause last. VOICE Conditions, if any, which geve rise to immediate cause (b) does not repeat to immediate cause (c), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO Schizophrenia, paranoid type, will cause of Death. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY While at work et work et work. 20c. Time of INJURY Month, Day, Year work et work et work. 21. I certify that I took charge of the remains describ death resulted from: Natural causes Accident actual signature Examiner's Natural causes Accident (Society). 226. BURIAL, CLEMATION, 22b. DATE THEREOF 22c. NAME Of March 1800 (Society). 237 TUNERAL DIRECTOR ADDRESS.	DEATH BUT NOT THE ALCOHOLDERY OCCURED. [Fr. CEMETERY OR	T RELATED TO THE TERMIN holism, and a neer nature of Injury in Per CE OF INJURY (Home, farmary, street, office bldg., etc. dan Autopsy de Homicide CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA Address (Street, CREMATORY	Inspection , Undeterm EXAMINER LEXAMINER LEXAM	(Country) Inquiry ined manner	1(a) 19. WAS AUTOPSY PERFORMED? YES A NO I and in my opinion DATE SIGNED 10/30/61 (State)



YLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEAR W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEAT 2. USUAL RESIDENCE (Where daceesed livad, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY by the and 2 seath. MARYLAND b. CITY OR TOWN lif outside corporate limits. C. LENGTH OF STAY IN 16 WN (If gutside corporate limits, write RURAL and give nearest town) ģ Write RURAL and give nearest town) .=after alued or Pages filled d NAME OF HOSPITAL OR INCATUTION fit not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO completely NAME OF Middla DATE Day DECEASED OF (Typa or print) Justand DEATH 19 61 carbon SEX DATE OF AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED TV and last_birthday) Months Davs Hours WIDOWED DIVORCED JSUAL OCCUPATION (Give kind of work physician 10b. KINDLOF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? remove dona during most of working life, avan if retired) 13. FATHER S NAME please guipi EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT aften (Yas, no, or unkown) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one Causa per ONSELAND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO has been Conditions, if any, which (b) gave risa to immadiata cause DUE TO (e), stating the undarlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? 93 NO 3 Ö 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of item 18 OR CONTRIBUTING ET BAUSE OF BEATT Ş (IF EITHER, NOTIFY MEDICAL EXAMINER After څ 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 1 2Df. (City or lown) (County) (State) Month, Day, Year factory, streat, offica bldg., etc.) Whila Not While Hour a.m. et work p.m. DIRECTOR: 26 1961, that (I) (we) last 21 - certify that (I) (this hospital) attended the deceased from 2016. 23 plnods saw the deceased alive on. 22b. DATE 22a. SIGNATURE S ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. 000 FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typi Z3c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION DATE THEREOF BURIAL. CREMATION. TO F 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRA VR A15 (4) DATE 9CT 3 D'61 15M 9/60



TO HE

VR A15 14) 15M 9/19

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11255

11242

	o. COUNTY MARYLAND	a. STATE b. COUNTY
	b CITY OR TOWN (If outside exported limits, write RURAL off differences toom) August (Manual Manual Control of the Control of	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	Mariollaville Road on a FARM? YES NO. 15 RESIDENCE ON A FARM? YES NO.
Company	3. NAME OF DECEASED (Type or print) Linda Collanor	Kild DEATH ONLOGEN H 1961
	5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 1 A GE (In years last birthdoy) 2 A GE (In years last birthdoy) 2 A GE (In years last birthdoy) 3 A GE (In years last birthdoy) 4 A GE (In years last birthdoy) 4 A GE (In years last birthdoy) 5 A GE (In years last birthdoy) 6 A GE (In years last birthdoy)
	10a USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auch State	hty ml. U.S.A.
)	William Duvall	Halle Danner
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no., or unknown) (If yes, give wor or dolles of service) 2/9-36-2/64	Mu Win B. Widd - above
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Car have facility	re, areway, rest matrelians, 1960
	Conditions, if any, which gave rise to immediate couse (o), stating the under-lying couse lost. DUE TO (b) Car Clessons Uses (c) Leng, horse, CN	sh a generalized metertrump to 1961
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO
الد	206 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Port II of item 1B.)
	ZOC. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Nat while of work at work	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) actory, street, office bldg., etc.)
	21 I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 4 CCT 1961, and that	death occurred at \$\int A\), from the causes and an the date stated above.
	Theriary E. Hall 22c PHYSICIAN'S NAME (Type) HAMA ROF HALLS	M.D PHYS PORECTOR STAFF PHYS. 5 OCT 1961
	23d BLR A., CREMATION 23b DATE THEREOFT 23c NAMPOFICEMETERY CONTROL OF STREET OF STREE	DR CREMATORY 23d. LOCATION (Crty, town, or county) (Stote)
	24 FUNDERA DIRECTOR'S SIGNATURE SMITHLE ST. SHRIGHT ANDRESS	C, Md. 250 REC'D BY RESISTRAR 256 REGISTRAR'S SIGNATURE Criting S. Kraus



CERTIFICATE OF DEATH 11256funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decesed lived, If institution; Residence before ediples, on) a. COUNTY b. COUNTY Carroll MARYLAND Marvland Balto. City b, CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside carporete limits, write RURAL and give nearest town write RURAL and give nearest town Sykesville 5 lyr.umos.24days Baltimore filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? Springfield State Hospital YES NO TE Clinton completely NAME OF DATE DECEASED Albert Leonard (Type or print) Krauss DEATH October 19 61. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) 8. DATE OF BIRTH IF UNDER 24 HRS. 76 yrs Male White WIDOWED physician 10e. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dene during most of working life even if refired) Marvland U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then please Albert Leonard Krauss linknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO., 17 INFORMANT Springfield Hospital Records. 8/12/08 6/27/09 (11-01-0020)
18. CAUSE OF BEATH [Enter only one cause per line for (e), (b), and (c). the INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic heart disease Years IMMEDIATE CAUSE (e) DUE TO Arteriosclerosis Years geve rise to immediate causa DUE TO (a), steling the underlying PART II. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 19. WAS AUTOPSY C. B. S. assoc. with cerebral arteriosclerosis with psychotic reaction. certificate YES X NO 17 200, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) detached for After this 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (State) 20c. TIME OF INJURY Month, Dev. Yeer (County) factory, straet, office bldg., etc.) While Not While DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from June 1,, 1961, to October 25, 19.61 that (I) (we) last October 24. 19.61, and that death occurred at 10/05/61 the causes and on the date stated above. should 22b. DATE SIGNATUR ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS NAME [Type] Agustin del Campo, MCD. Springfield Hospital, Sykesville, Md. deart director, the 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) BUNERAL DIRECT OR'S SIGNATURE VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



funeral should by the fand 2 s death. filled in Pages 1 completely carbon physician and 0Ve evel please attending ÷ certif.cate 35 0 DIRECTOR: After this Slould FUNERAL

OH

VR A15 (4)

15M 9/60

CERTIFICATION

ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 IISUAL RESIDENCE (Where deceased I ved. If institution, Residence before admission) PLACE OF DEATH a. COUNTY MARYLAND OR TOWN Of outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 IS RESIDENCE ON A FARM? YES NO Y 3. NAME OF Year 4. DATE Month Day DECEASED OF (Type of print) DEATH 19 67 5. SEX AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours W DOWED V DIVORCED 10a. USUAL OCCUPATION (Give kind of work 1 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME SOCIAL SECURITY NO.1 17 (Ves. no. or unkown) 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUF TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPST PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of .tem 18.) 200. ACCIDENT WAS UNDERLY NG TO CONTRIBUTING TO CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER (State) 20d. INJURY OCCURRED 20e, PLACE OF INJURY Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 21. | certify that (I) (this nospital) attended the deceased from. . to. ,, and that death occurred at 19.14, from the causes and on the date stated above. saw the deceased alive 22b. DATE 22a. SIGNATURE ATTENDING SIGNED 23.61 PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 234. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specity) 25e. RFC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DATE OCT 2



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11258 CERTIFICATE OF DEATH

٦.				
J	1. PLACE OF DEATH	1.	•	If institution: Residence before edmission)
1	Carroll	MARYLAND e. STAT	Maryland	Baltimore Gity
ľ	b. CITY OR TOWN (if outside corporete limits, c. write RURAL end give neerest town)		OR TOWN (If outside corporete limits, wi	rite RURAL end give negrest lown)
1	Sykesville	28 days	Brentwood	1644
3	d NAME OF HOSPITAL OR INSTITUTION (.f not in hospitel		T ADDRESS	e. IS RESIDENCE ON A FARM?
-	Springfield State Hospi	ital	4316 Newton Street	YES NO
	3. NAME OF First	M dale Les	4. DATE Mo	
	DECEASED (Type or print)	7	OF DEATH O-1-1	per 23 19 61.
Н	5. SEX 6. COLOR OR RACE 7. MARRIED	Deaville Low	RTH .9. AGE IIn yee	IS IF UNDER 1 YEAR, IF UNDER 24 HRS.
			last birthdey	Months Deys Hours Min.
-1	Female White WIDOWED	OF BUSINESS OR INDUSTRY 11 BIRTH	r 13, 1884 76 yrs.	
	done during most of working life, even if relired)			**
	Office Cleaner		England	U.S.A.
	13. FATHER'S NAME	14. MOTHE	R'S MAIDEN NAME	
-	James Deaville		Eleanor Dougall	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO((Yes, no, or unknown) ((Ifyesgive werordates of service))	CIAL SECURITY NO. 17. INFORMAN	Addre	055
	No No	- Spri	ngfield State Hospi	tal Records
	18. CAUSE OF DEATH [Enter only one cause per time			INTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arter	riosclerotic heart	disease	Years
	17-10 -1 DUE TO			
	W. T	nary arterioscleros	ic	Years
	gave rise to Immediate cause	Ery arteriosocoror		
	(e), steting the underlying DUE TO			
		BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION O	SIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II OTHER SIGNIF.CANT CONDITIONS CONTRICE C.B.S. with cerebral arterial Disbetes Mellitus 206. ACCIDENT WAS UNDERLYING 206. DESCRIED COR CONTRIBUTING CAUSE OF DEATH [IF ETHER. NOTHEY MEDICAL EXAMINED]			PERFORMED?
	Diabetes Kellitus			YES NO
	206. ACCIDENT WAS UNDERLYING 1 206. DESCRIP	BE HOW INJURY OCCURED, (Enter nature	or injury in rem i or rem is a	
3	20c. TIME OF INJURY Month, Day, Year 20d. INJU While at work	Not While 20a. PLACE OF INJURY Place OF INJURY Place Place OF INJURY Place Place OF INJURY Place Place		(County) (Stete)
	p.m. 19 et work			
	21. I certify that (I) (this hospital) attended	the deceased from 9-	25- 19 61 10 10	0-23- 19.61, that (I) (we) last
	21. I certify that (I) (this hospital) attended saw the deceased alive on	319.61 , and that death occ	ured at 6:50 from the cause	s and on the date stated above.
Ш	220 SIGNATURE			22b. DATE
	Clauston del Co	ATTENDED AND PHYS.	DING MED. STAFF DIRECTOR PHYS.	d 10-24-6
	22c. PHYS.CIAN'S	22d. A	DDRESS	
	/ Agustin del Campo	o. M.D. Spri	ngfield State Hospi	ital, Sykesville, Md
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23	Se. NAME OF CEMETERY OR CREMATO	ORY 23d. LOCATION (City.	lown or county) (State)
	REMOVAL (Specify) Oct 27, 1961	Ft Lincoln Cemete	Colmar	Panor Md.
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY REGISTRAR 25b.	
	F. Gasch's Sons Hyattsv	ille Md.	OCT n o les	Certing S. Krous
			write	

IOR PITAL OR ATTENDING INVESTIGATION. The law requires that the death certificate be exerted within 24 hours after the pleast. Page 4 may be retained by the hosp tall or attending physician.

Solution in a place of may be retained by the hosp tall or attending physician.

Solution in a place of may be retained by the hosp tall or attending may be a placed by the attending may be a placed by the funeral or attending may be a placed by the place of a place of the place o

0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral Item 1c Film (2) Surar RESIDENCE (Where decessed livad, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Carroll Maryland MARYLAND death, b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give neerest town) Sykesville days Rockville hours after d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Springfield State Hospital 13221 Fox Den Drive papers. n 72 hol DATE NAME OF Middle DECEASED Young Fannie Lillian Madi gan DEATH October (Type or print) carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR lest birthday) Months Female White 1886 WIDOWED F DIVORCED [ever 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? Гетоме dona during most of working life, even if retired) Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Luther Young Sarah Young 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.1 17 INFORMANT Address (Yes, no, or unkown) (If yes give wer or deles of service) Springfield Hospital Records permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), I. DEATH WAS CAUSED BY Uremia IMMEDIATE CAUSE (e) burial-fransit DUE TO Conditions, if any, which Renal failure geve rise to immediate cause DUE TO (a), sleting the underlying Arterbosclerotic C. V. D. the PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[9] 19. WAS AUTOPSY 35 9 use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) 200. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING [] CAUSE OF DEATH 호 (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED Not While factory, street, office bldg., etc.) While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from Sept. 21. ..., 19 61 to 10-11-61 , 19 ..., that (I) (we) last .19......., and that death occured at .7.A.. M, from the causes and on the date stated above. saw the deceased alive on..

delCampo, M.D.

by the and 2 s in by filled in Pages completely рше physician affending physician. signed attending been has ō certificate hospital the After this may be retained DIRECTOR: A 3 should be detailed ate PATAL PAGE 4 å F VR A15 (4) 15M 9/60

certificate be

22a, SIGNATURE

22c. PHYSICHAN'S

REMOVAL (Specify)

(Type)

24 FUNERAL DIRECTOR'S SIGNATURE

23a, BURIAL, CREMATION, | 23b, DATE THEREOF

Agustin

10/16/61

Tyson Wheeler Funeral Home Rockville.

Methodist Church Cemetery

PHYS.

22d ADDRESS

Springfield Hospital, Sykesville, Md. 23d. LOCATION (City, town or county)

PHYS.

Damascuss Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Montg.

DIRECTOR

Avenue

Orling S. Thous

(County)

Montgomery

71

Days

U.S.A.

e. IS RESIDENCE

YES NOTE

19 61

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO X

(Stata)

22b. DATE

(State)

SIGNED

Year

ON A FARM?



11280

CERTIFICATE OF DEATH

Pag Dist No.1 1 9 4 12

<u> </u>							Keg. Disi. IT	0-1 11	4
) 	PLACE OF DEATH p. COUNTY			2. USUAL RESIDENCE (WH	ere deceased l		n: Residence be	fore admis	Hon)
L	Carroll		MARYLAND	Maryland		Carro	11		
	b CITY OR TOWN (In RURAL and give no	outside corporate limits,	write c. LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	utside corporo	te limits, write RU	IRAL ond give r	earest town	1)
1	Sykesville		6 years	XSykesvill	e RD #	3			
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, give	street oddress)	d. STREET ADDRESS					IDENCE FARM? NO 📉
3.	NAME OF	First	Middle	Lost	4. DATE	Mont	h	Day	Yeor
	(Type or print)	Margaret	Belle	Maus	OF DEATH	Octobe	r ž	2	1961.
5.	SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9.	. AGE (In years lost birthdoy)	IF UNDER 1 YE		T
	female	white w	IDOWED DIVORCED	October 25.	1900	60 yrs.	Months Doy:	Hours	Min
	during most of work	ing life, even if retired)	10b KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole	or foreign cou	**	12.CITIZEN		OUNTRY
		tion worke:	r Rosewood Trai	Andread and the Control of the Contr		1 Co.,M	d. U.S.	Α.	
	. FATHER'S NAME			14. MOTHER'S MAIDEN N					
	W. Bernard			M. Kate K	oontz				
		R IN U. 5. ARMED FORCE: If yes, give wor or dates of serving	CIR)	INFORMANT		Addre			
L			218-32-8039 J	ohn S. Maus		Sykesv:	ille RI) #3	
			per line for (o), (b), and (c).]		, ,	_		TERVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	none Them	bons Carde	a for	Eccre 1		1021 / 1/12	0 67 1117
	42011	DUE TO	- 1	1	16	,		196	۵
	Conditions, if or	ry, which) thi (Ich receverally	buch do	ما مندسایستریست	,		70	
	gove rise to in couse (o), stoting					*		A	
	lying couse lost.	(c)	aneman -				4	1861	
CATION	PART II. OTH	ER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	EN IN PART 1(o)	PERFO	AUTOPSY DRMED?
CERTIFI	20a ACCIDENT WA	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I or Port I	l of item 18)			
MEDICAL	20c TIME OF INJUR Hour o.m. p. m.	Month, Doy, Year		ACE OF INJURY (Home, form ctory, street, office bldg., etc.		r Iown)	(Count	у)	(Stote)
	21. I certify th	ot I attended the d	eceased from 19	60, 19 to L	961	19	hat I lost se	ow the c	leceased

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, the registrar priar to burial, cremation, or removal, and in any event within 72 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 should be detached for use as the burial-transit may be

and campletely filted in By the fuzzeral director, bon papers. Pages 1 and 2 shauld be filed with

Then please

ours after death. Page

VS A15 (4)

220. BJRIAL, CREMATION REMOVAL (Specify) burial 22b. DATE THEREOF

PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

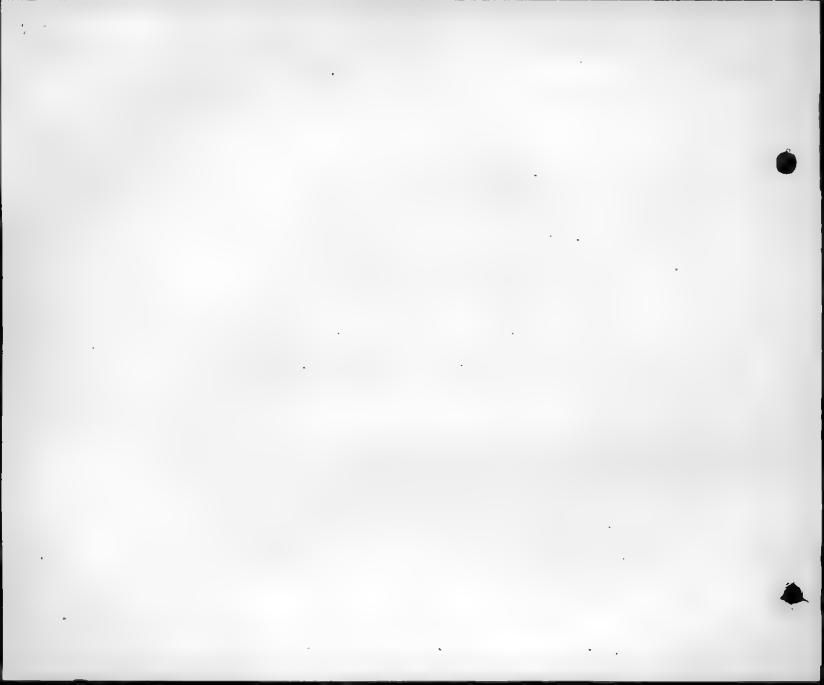
____, and that death occurred di2 ArriM, from the causes and on the date stated obove.

(Stole) Maryland

1961 St. Mary's Silver 240 REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE DATE OCT 4

arthur S. Henris

15M 9/5B

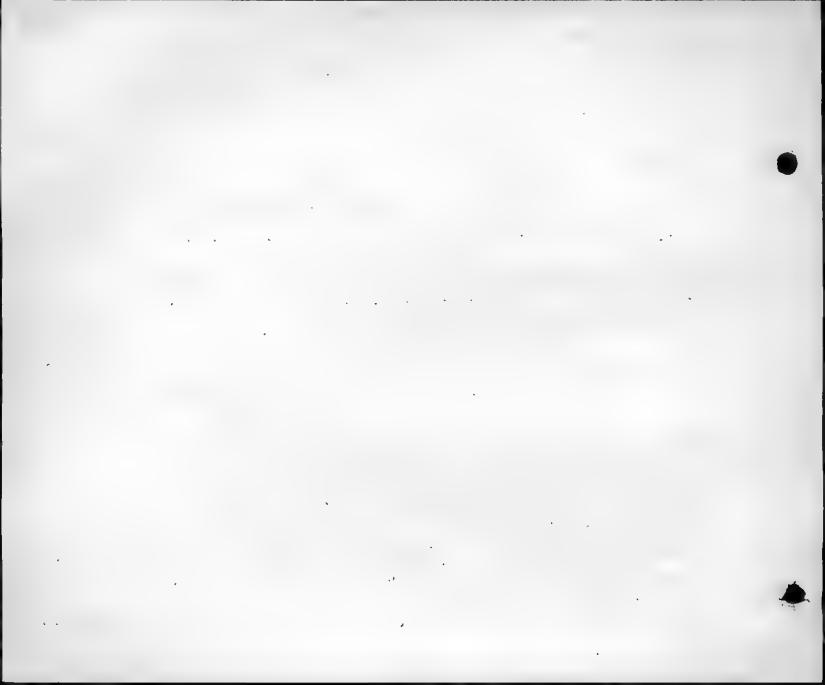


1	1261		CERTIFIC	CAT	E OF DEATI	1		Reg. Dist	. No.	
PLACE OF DEATH o. COUNTY Carr	oll		MARYLAN	- 11	usual RESIDENCE (WI o. STATE Maryland	nere decease	b. COUNTY			dmission}
b. CITY OR TOWN RURAL and give	(If outside corporate liminearest lawn)	its, write c. LE	NGTH OF STAY IN 1	b	c. CITY OR TOWN (IF	outside corpo				town)
	g, RD #1		7 years		Finksbur	g, RD	#1			
d NAME OF HOSI OR INSTITUTION	TTAL (If not in hospital, §	give street oddres	55}		d'STREET ADDRESS					S RESIDENCE ON A FARM? ES NO
3 NAME OF	Fi	rst	Middle		Lost	4. DATE	Ma	nth	Day	Yeor
(Type or print)	Julius		Brinkley	1	Maynard	OF DEATH	Octo	her	17	19 6]
5. SEX	6. COLOR OR RACE	7	NEVER MARRIED		ATE OF BIRTH		9. AGE (In years		. ,	UNDER 24 H
male	white	WIDOWED	_	-		Ω	lost birthdoy) クス yrs	Months [Doys H	ours Min
					ay 11, 188		1	1 1	511.05.145	HAT COUNTI
during most of w	TON (Give kind of work trking life, even if retired) IOD. KIND	OF BUSINESS OK IN	IDOZIKY			-			1AT COUNT
	tore manage	er	retail		Morrisvi		N. C.	U	.S.A.	•
13. FATHER'S NAME				1.	4. MOTHER'S MAIDEN I	NAME				
Brinkle	y Maynard						Yancey	r		
5 WAS DECEASEDE	ER IN U S ARMED FOR		AL SECURITY NO	INFO	RMANT		Add	iress		
(Yes, no or unknown)	If yes give wor or dates of s		14-5514	Mrs	s. Blanche	G M	a un a nd	Pinkel	h 11 12 m	יי ודכן
Tin CAUST OF D	FAMILIE			\$14 I	A DIAMONE	G 8 272	aynaru,	FIRA		AL BETWEEN
	EATH [Enter only one co EATH WAS CAUSED BY:	suse per libe for	(0), (b), ond (c)]	16	11	0	-		ONSET	AND DEAT
TRKI I, D	IMMEDIATE CAUSE (000	TLONOW	7	Thron	المسام	rava .		year	mare
,),	DUE TO	1	1	/	()	10	7		1	
Conditions, if		6-	orona	120	1 Suc	uppe	cer	cy	100	Me
gove rise to couse (a), statu lying cause los	g the <u>under-</u> DUE TO	Le	nesat		arter	itos	clero	sec	uk	ac.
PART II C	THER SIGNIFICANT CON	IDITIONS CONTR	RIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEAS	SE CONDITION G	VEN IN PART	// P	WAS AUTOPS PERFORMED?
<u> </u>									YE	S NO
OR CONTRIBUTION (IF EITHER, NOTICE	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE	ATOW INJURY OCCU	RRED (E	nter noture of injury in	Part I or Po	rt II of ilem 18 }		_	
Y 20c TIME OF INJ			OCCURRED 20e. Not white at work	PLACE foctory	OF INJURY (Home form, street, office bldg., etc	n, 20f (Cît	y or lown)	(Co	ounty}	(Sta
	that I attended the	deceased fr	ram. / /		, 1950 , to /	2-1	7-, 16/	,thot I las	t sow th	he deceas
olive on	0-18-	120 /-	and that de-	oth oc	curred of		the causes a		date st	oted obo
ACTUAL SIGNATURE	me x	1,4	affell	M.D.	fe	ie	len	law,	2	2/10/
PHYSICIAN'S NAME (Type)	James	65	KellA	10	很	wte	roton	W	/	18.
220. BURIAL, CREMAT REMOVAL (Speci burial	ION, 226 DATE THEREO		NAME OF CEMETER				TION (City, town.	**	3/1	(Stote)
23 FUNERAL DIRECTO		, 1961	Providen ADDRESS	ce_(D BY REGIS	ksburg F	ISTRAR'S SIG		rylan
S PUBLICAL DIRECTO	A SIGNATURE							in S. Ka		
X. T. /	muss, the	We	stminster	. Mo	d. DATECT	2 4 '61	Link	mu 4. /U	/	

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this merifical has meen signed by the attending physician and cample by filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO NO VS A15 (4) 1SM 9/5B

ours after death. Page 4

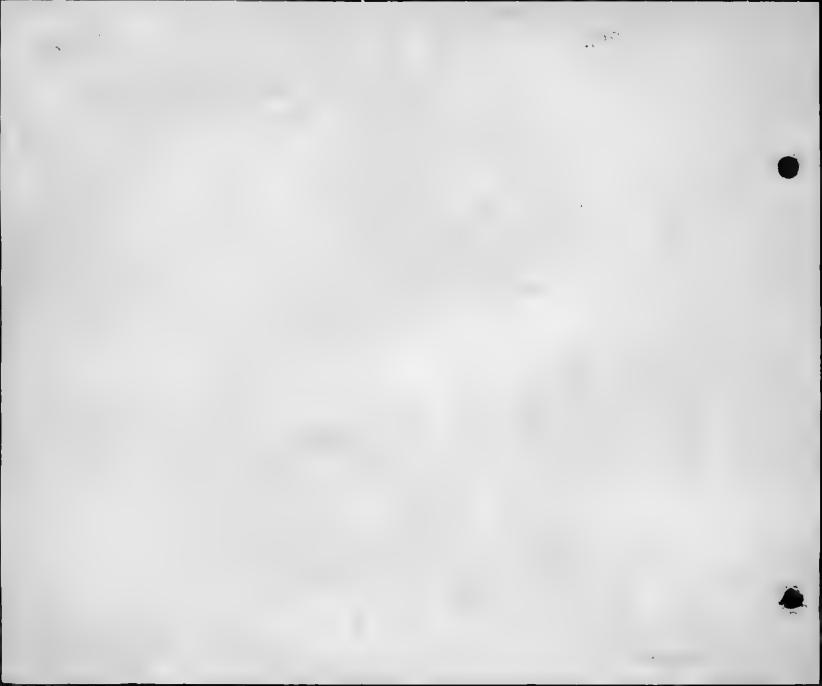




RYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where decreesed | ved. if institution: Residence before admission) e. COLNTY by the and 2 death. MARYLAND by th completely NAME OF DATE DECEASED OP (Type or print) DEATH carbon ž and DIVORCED WIDOWED [physician 10e. USUAL OCCUPATION (Give kind of work ' TOB. KIND OF BUSINESS OR NOUSTRY 13. U.S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)

e. IS RESIDENCE ON A FARM? YES NO V Day Year 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HR bisthday) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of njury in Pert I or Pert I, of item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from upunl saw the deceased alive on.... 22b. DATE 22e. SIGNATURE **ATTENDING** SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) (Stete) REMOVAL (Specify) 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE OCT 1 3 '61 arthur & House

DIRECTOR FUNERAL OFB VR A15 (4) 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmiss on) e. COUNTY b. COUNTY Marvland Carroll MARYLAND b. City OR TOWN (Townside corporate Limits c. CITY OR TOWN (If outside corporete I mits, write RURAL end give nearest town) F. LENGTH OF STAY IN 1h write RURAL and give neerest town) Westminster months Westminster e. IS RESIDENCE d NAME OF HOSPITAL OR NSTITUT ON (1 net in hospital, q ve street address) ON A FARM? YES NO County General Hospital Carroll Day DATE Month Year DECEASED OF (Type or print) DEATH 19 61 10 Baby Mitchell carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8. DATE OF BIRTH 19. AGE (In yeers IF UNDER 1 YEAR | IF UNDER 24 HRS. and last birthdey) WIDOWED [Male physician 10b. KIND OF BUSINESS OR INDUSTRY, 11, B.RTHPLACE (County & State, or fore-gn country) 12. CITIZEN OF WHAT COUNTRY? 1De. USUAL OCCUPATION (Give kind of work dona during most of working life, even if relized) Carroll Co. United States Maryland 13. FATHER'S NAME Charles Mitchell Sally Wright 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if any, which gave rise to immediata cause DUE TO (a), stating the underlying couse lest. D TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)1 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PERFORMED? YES 📈 NO 🛭 use 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Peri I of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED , 2De, PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) (State) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) Not While While Hour e.m. at work et work DIRECTOR: ..., 196.1, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from19.6.1., and that death occured \$15.0.M, from the causes and on the date stated above. saw the deceased alive on. 22a, SIGNATURI ATTENDING DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S ector, BURIAL, CREMATION, 23b. EMOVAL (Specify) 0 8 8 KEGISTRAR 256 VR A15 (4) 15M 9/60 DATE OCT 3 Cirilwy & House

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOS

VR A1S (4) 15M 9/59

MARYLAND	STATE	DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 11265

	-0	~	-		
7	- 8	9	5	2	
1.	프	6	4	61	

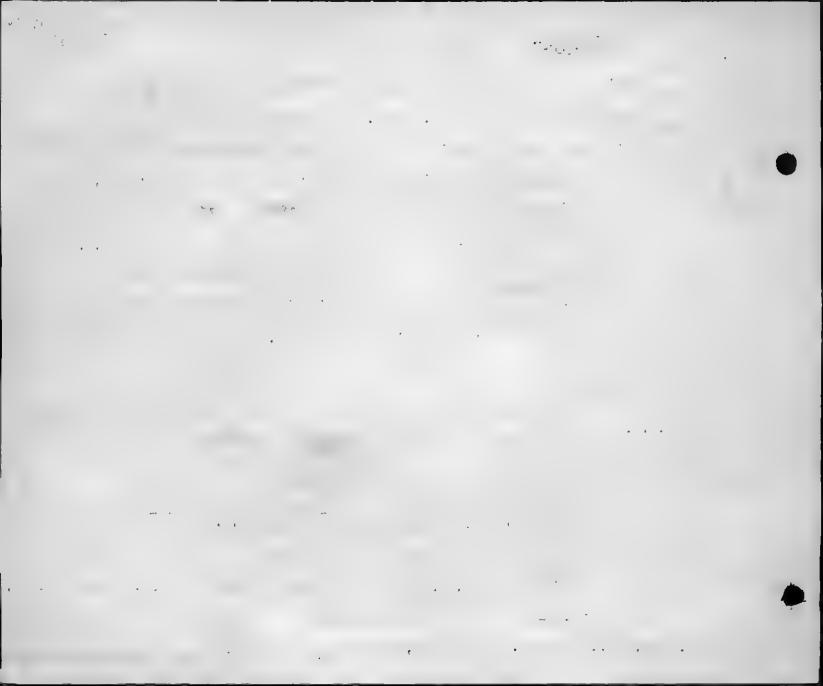
1. PLACE OF o. COUNT		Carroll		MARYL	AND	2. USUAL RESIDENCE (W o. STATE Maryl			nstitution DUNTY	Residence	before adn	nission)
		f outside corporate limits,	write c	LENGTH OF STAY IN	N 16	c CITY OR TOWN (If	outside corp	orote limits,	write RURA	L and givi	e nearest to	own)
	ond give no	orest lown)		9 days		Balti	more			~	100	
d. NAME	OF HOSPIT	'Al (If not in hospitol, give	street ad	dress)		d. STREET ADDRESS						RESIDENCE #
OK IN.	He	ryton State	е Но	spital		306 N	. Par	rish	Stre	et		□ NO □
3 NAME OF DECEASE (Type or p	F D	Walk		Middle	M	litchell	4. DATE OF DEATH		Month 10		Doy 19	Year 19 61
5. SEX		6. COLOR OR RACE 7.	MARRIE	D P NEVER MARRIED	В П В	. DATE OF BIRTH		9. AGE (In				NDER 24 HRS
Mal	.e	ът	IDOWED			5/181887		lost bight	yrs. M	on this De	oys Hou	irs Min
durina r	nast of war	ON (Give kind of work dor king life, even if refired) ed La borer	ne 10b. Ki	IND OF BUSINESS OR	INDUS1	Lvnchbu:	-	country)			NOFWHA	AT COUNTRY?
13. FATHER'S	NAME	\$ (1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				14. MOTHER'S MAIDEN	- C) v	<u></u>			U . A	
		Walter	Mitc	hell		Unknown						
15. WAS DEC		R IN U. S. ARMED FORCE	S? 16. SC	OCIAL SECURITY NO.		ORMANT		B 1.1	Address			
No		No	-	None	WS.	lker Mitche	FTT -	Patie	nt			
1B. CAU	JSE OF DEA	ATH Enter only one couse	per line	for (a), (b), and (c).]							INTERVAL	BETWEEN
	PART I. DEA	TH WAS CAUSED BY	Far	advanced	bila	teral cavit	ary p	ulmon	ary '	rB	ONSET AI	ND DEATH
	00	DUE TO										
Condi	tions, if a	au subjeb)										
gove	rise to i	mmediate (
	o), stating ouse last.	the under-										
z –	PART II. OTI		RONS CO	NTRIBUTING TO DEAT	TH BUT N	NOT RELATED TO THE TERM	UNAL DISEA	SE CONDITIO	ON GIVEN	IN PART 1	(o) 19, W/	AS AUTOPSY
ATIC											PER	RFORMED?
OR CON	NTRIBLITING	AS UNDERLYING [] 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCR	IBE HOW INJURY OC	CURRED	. (Enter nature of injury in	Port I or Po	rt II of item	18.)			<u></u>
	E OF INJUR	Y Month, Doy, Year	20d. INJ	URY OCCURRED 12	20e. PLA	CE OF INJURY (Home, form	n, 20f. (Cit	y or town)		(Cou	inty)	(Stote)
	p. m.	19	While of work	Not while of work		ory, street, office bldg., et				,,,,,		
21 1 ce	ertify the	ot (I) (this hospital) o	attende	d the deceosed f	romPo) (we) last
saw th	e deceg	ed olive on Oct	. 19	1961 , and t	that de	eath occurred a	29∧, A ⊕ A	the caus	es ond	on the c	date stat	ed above.
22º SIG	NATURE	Lgars M. n	naes	, lace M	(4, D),	ATTENDING M	LED PRECTOR [STAFF PHYS [)		10	226 DATE SIGNED
22c. PHY	SICIAN'S	/			74	22d. ADDRESS	TRECTOR L	,,,,,,			10	/-1/-01
NA:	ME (Type)	Édgars M. M	acul	ans, M.D.		Henryto	n Sta	ate Ho	spit	al, I	Henry	ton, lad
230 Blogial,	CREMATIC VL (Specify)	23b DATE MEREOF	961	23c MANGO PENE	ill.	um len	130	VET	Jown, or c	ounly)	MI	
24. FUINERAL	DIRECTOR	SIGNATURE	ines	ADORESS	LAN	250 REC	D'BY REGIS	TRAR 256	REGISTR	AR'S SIGN		



MARYLAND STATE DEPARTMENT OF HEALTH

MARIL	MIND SIMIE DEPARTMENT OF HEM	-111
DIVISION OF STATISTICAL RESEARCE	CH AND RECORDS, 301 W. PRESTON STREE	T, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH	11253

PLACE OF DEATH	11/5/61 - 1WK
a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before ad-
D	a, STATE b. COUNTY
Barroll MARYLAND	Maryland Baltimore
b. CITY OR TOWN (f outside corporate I mits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
0.3 122	Baltimore 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass)	d. STREET ADDRESS a. IS RES
	ON A
Springfield State Hospital	1737 Redwood Avenue
NAME OF First Middle	Last 4, DATE Month Day Year
DECEASED (Type or print) South 10 Mol 140	Mueller Death October 27, 19
20Ditta MOTITA	2000000
7. MARKELD NEVER MARKED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 2
Female White WIDOWED TO DIVORCED TO	April 19, 1886 75 yr.
USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & Stata, or lore gn country) 12. CITIZEN OF WHAT CO
na during most of working life, even if retired)	
Housewife -	Maryland U.S.A.
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Monk	Caroline unknown
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	
s, no, or unkown) ((Ifyesgiva warordatas of servica)	
No -	Springfield Hospital Records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETW
PART I. DEATH WAS CAUSED BY	ONSET AND DE
IMMEDIATE CAUSE (a) Arteriosclerotic h	meart disease. Years
CIA A O DUE TO	
Conditions, if any, which (b)	
gava risa to immediate cause	
(a), stating the underlying DUETO	
causa last. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU
	PERFOR
C.B.S.?	AEZ K N
C.B.S.?	
C.B.S.? 208 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INLURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	AEZ K N
C.B.S.? 208 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of in,ury in Part I or Part II of Itam 18)
C.B.S.? 20a ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INLURY OCCURED OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaer 2Dd, INJURY OCCURED 20a PLA	D. (Enter nature of in,ury in Part I or Part II of Itam 18)
C.B.S.? 208 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. TIME OF INJURY Month, Day, Yabr 2Dd, INJURY OCCURRED 208 PLA	D. (Enter nature of in,ury in Part I or Part II of Itam 18) ACE Of INJURY (Home, farm, 2Df. (City or Iown) (County) (5)
C.B.S.? 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20a PLA While Not While at work et work et work	D. (Enter nature of in,ury in Part I or Part II of Itam 18.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Story, streat, office bldg., atc.)
C.B.S.? 20a ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. E certify that (I) (this hospital) attended the deceased from.	ACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Story, streat, office bldg., atc.) A—21
C.B.S.? 20a ACCIDENT WAS UNDERLYING CORRECT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. **Leertify** that (!) (this hospital) attended the deceased from	P. (Enter nature of in, ury in Part I or Part II of Itam 18.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Story, street, office bldg., atc.)
C.B.S.? 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED 20a PLA Whila Not While fact work 19 19 10 10 10 10 10 10	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Story, streat, office bidg., atc.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Story, streat, office bidg., atc.)
C.B.S.? 20a ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 2Dd. INJURY OCCURRED 20a PLA fact at work 19 19 19 19 19 19 19 1	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Story, streat, office bidg., atc.) 10-27m, 1961, to
C.B.S.? 20a ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar Hour a.m. 19 2Dd. INJURY OCCURRED 20a PLA fact work 19 19 10 10 10 10 10 10	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Story, streat, office bidg., atc.)
C.B.S.? 20a ACCIDENT WAS UNDER.YING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaer Hour a.m. 19 2Dd. INJURY OCCURRED 20a PLA While 14 work 19 19 10 work 19 10 work 19 10 work	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Story, streat, office bidg., atc.)
C.B.S.? 20a ACCIDENT WAS UNDER YING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Story, streat, office bidg., atc.) 1961. to 10-27, 1961., that (I) (void death occured at \$2.300, from the causes and on the date stated ATTENDING DIRECTOR PHYS. 22d. ADDRESS Springfield State Hospital, Sykesville
C.B.S.? 20a ACCIDENT WAS UNDER YING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaer Hour a.m. p.m. 19 2Dd. INJURY OCCURRED 20a PLA work 20a work 20a While all work 20a	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Story, streat, office bidg., atc.) 1961. to 10-27, 1961., that (I) (void death occured at \$2.300, from the causes and on the date stated ATTENDING DIRECTOR PHYS. 22d. ADDRESS Springfield State Hospital, Sykesville
C.B.S.? 20a ACCIDENT WAS UNDER.YING CORRECTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on	D. (Enter nature of in,ury in Part I or Part II of Itam 18.) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Statery, streat, office bidg., atc.) A-21, 1961. to
C.B.S.? 20a ACCIDENT WAS UNDER.YING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar Hour a.m. p.m. 21. I certify that (!) (this hospital) attended the deceased from saw the deceased alive on	D. (Enter nature of in,ury in Part I or Part II of Itam 18) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Story, streat, office bidg., etc.) A-21m., 1961, to
C.B.S.? 20a ACCIDENT WAS UNDERLYING CORRECT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yabr Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	D. (Enter nature of in,ury in Part I or Part II of Itam 18) ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Story, streat, office bidg., atc.) A-21m, 1961, to



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e IS RESIDENCE

Day

ON A FARM?

YES | NO P

Year

WAS AUTOPSY PERFORMED? YES NO

(State)

(State)

19 6



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 11255 11263

	PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Res	idence before edmission)
	Carroll Maryland	e. STATE b. COUNTY Barvland Bar	1+0 0++
_	b. CITY OR TOWN (if outside corporete mits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN Ill outside corporele limits, write RURAL end s	Lto_City
	write RURAL and give nearest town)	D.311	
	Sykesville 6yrs.6mos.5da	7-1	(T
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress)	d STREET ADDRESS	e, IS RESIDENCE ON A FARM?
	Springfield State Hospital	2218 N. Calvert St.	YES NO X
3.	NAME OF First Middle	Last 4. DATE Month	Dey Yeer
	(Type or print) Ruth Elizabeth Streett	Parker DEATH October	18. 19 61
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 Y.	
	Female White WIDOWED DIVORCED	May 5, 1887 74 yrs.	rys Hours Min.
10e	LUSUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	IRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
"	Housewife -	Maryland U.	S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	100,000
	William A. Streett	Martha McAtee	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		
(Ye	NO - 235-34-7627	C	
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	Springfield Hospital Records	INTERVAL BETWEEN
	DADT I DEATH WAS CALISED BY.		ONSET AND DEATH
	IMMEDIATE CAUSE (6) Recurrent cardiov	vascular accident	Days
	143X DUE TO		
	Conditions, if eny, which \ (b) Hypertensive arte	riosclerotic_cardiovascular	Years
	gave rise to immediate cause	disease.	
	(e), stelling the underlying Course lest.	42504504	
7	- (C)	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
CERTIFICATION	C.b.S.assoc.with circulatory disturbs without qualifying phrase.		LS YES NO E
ERTIFIC	20% ACC DENT WAS UNDERLYING [] 20%. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Pert II of Item 18.)	
	IF EITHER, NOTIFY MEDICAL EXAMINER		
MEDICAL		A CE OF INJURY (Home, farm, 20f. (City or town) (Count ctory, street, office bldg., etc.)	y) (Stete)
MED	p.m. 19 et work et work		
	21. I certify that (i) (this hospital) attended the deceased from	April 13, 1955, to October 18, 19 6	that (I) (we) last
	saw the deceased alive on October 17, 19.61, and the		e date stated above.
	220. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNED
	Couchy del Combo	M.D. PHYS. DIRECTOR PHYS.	10/18/63
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (%) Agustin delCampo, M.D.	Springfield Hospital, Sykesvi	lle, Md.
23	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, fown or county)	(Stete)
	REMOVAL (Specify) 10/20/1961 Loudon Part		Land
-		25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SI	
ΙĖ	FUNERAL DIRECTOR'S SIGNATURE SONS COADDRESS OF 4905 YORK ROAD Balto. 127, Md.	DATE OCT 20'61 Civilian S.	



CERTIFICATE OF DEATH Reg. Dist. No. director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o STATE a. COUNT filed b. COUNTY MARYLAND funeral b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 \ RURAL and give nearest fown) should d. NAME OF ROSPITAL (If not in hospital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? 24 YES NO 2 NAME OF 4. DATE Last Month Day Yeor filled DECEASED DEATH (Type or print) 19 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours WIDOWED [DIVORCED [USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during past of working life, even if retired) **BIRTHPLACE** (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? pup 13. FATHER'S NAME physician S mave S WAS DECEASED EVER IN U.S. ARMED FOR ES? 16 SOCIAL SECURITY NO INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and INTERVAL BETWEEN ONSET ANDIDEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) **DUE TO** ģ Conditions, if any, which gned gove rise to immediate DUE TO cause (a), stating the under-Deen si lying couse lost. buriol-transit PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 310) 19. WAS AUTOPSY PERFORMED? YES NO I 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18) certificate 20€, TIME OF INJURY Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f (City or town) (Stote) (County) factory, street, office bldg., etc.) a.m. While Nat while at work | at wark 21. I certify that I attended the deceased fram. ____, 19_0 that I last saw the deceased M, from the causes and on the date stated above. alive an 10 (that death occurred at 140) DIRECTOR: ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE PHYSICIAN'S FUNERAL NAME (Type) BUR AL, CREMATION, DATE THEREOF 22c NAME OF CEMETERY OR LOCATION (City, lown, or county) (State) page MOVAL (Specify 2 UNERAL DIRECTOR'S SIGNATURE GISTRAR 246, REGISTRAR S SIGNATURE 24g, REC'D BY VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO

1967

IF UNDER 24 HRS.

Year

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO X

(State)

22b. DATE

Days

Day

25

U.S.A.

(County)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

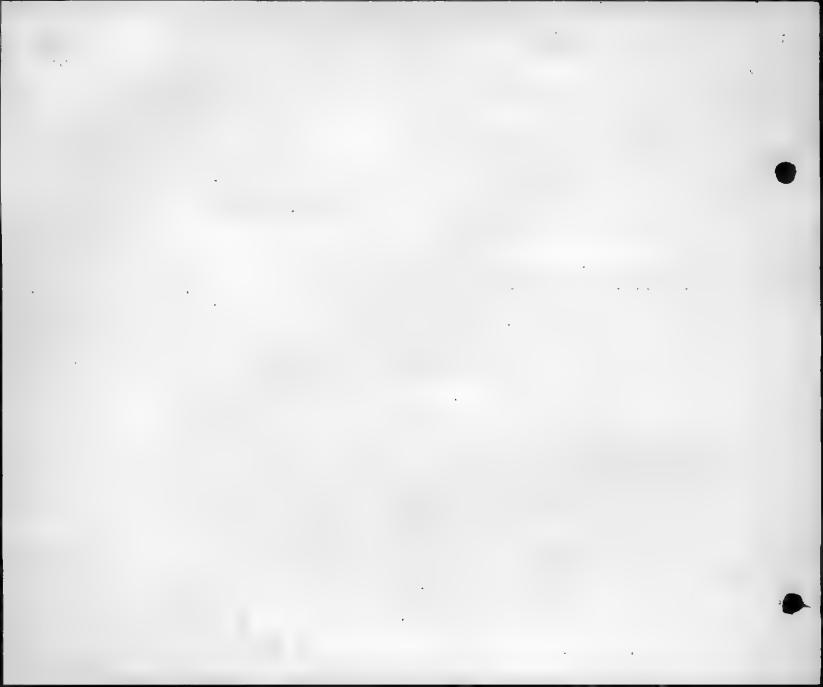
11277

11258

	1, PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COHNTY
	Carroll	Maryland Carroll
	b. CITY OR JOWN (If outside carporate limits, write RURAL and Carporate Walth 1 2 0 0	c CITY OR TOWN (If ourside corporate funits, write RURAL and give nearest town) Near WINTIELD
	Rural Sykesville 2. 60 Years	%Rural P. O. Sykesville R. D. 2
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Arthur Shipley Road	Arthur Shipley Road YES X NO [
	3. NAME OF First Middle DECEASED	Last 4. DATE Manth Day Year
	(Type or print) ANDTE JANE	SHIPLEY DEATH October 9. 1961
	THE THE PART OF TH	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS ligst birthday) Months Days Hours Min
I	Female White WIDOWED DIVORCED	January 1, 1867 94 yrs Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or foreign country) 12.CITIZEN OF WHAT COUNTRY?
	Housewife Hôme	Maryland U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Brice Shipley	Mary Jane Buckingham
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	Arthur Shipley Rd.
	Mr	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARAGO Factor	re, Crime Membour
	420.1 DUE TO	14 1960
	Conditions, if any, which) (b) Carller suler one	Consistered Sembly to
	gove rise to immediate couse (a), stating the under-	0- 1461
	lying cause lost (c) (Chance Cra	- Syndim
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	[8]	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I or Port II of item 18.)
	 	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
	Haur a m While Not white p. m. 19 at work at work	and the state of t
	21 I certify that (I) (this haspital) attended the deceased fram	1960 19 to GOET 1961, that (1) (we) last
		leath occurred at P.M. from the causes and an the date stated above
	220 SIGNATURE	22b.DATE
	Howard & Hall	M.D. PHYS DIRECTOR DIRECTOR PHYS D
	22c PHYSICIAN'S NAME (Type)	22d. ADDRESS
	Howard E. Hall, M. D.	Sykesville, Maryland
	230 BURIAL, CREMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, or county) (State)
	Burial 10-12-1961 Westminster	Cemetery Westminster, Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
2	C. M. Waltz, Winfield, Maryla	nd DATE OCT 13'61 C'- Elun & France
	the state of the s	

TO E

VR A1S (4) 15M 9/59



TO H

VR A1E (4) 15M E/59

11259

DIVISION O	AKTLAND STAT F STATISTICAL RESEAR		NI OF HEALIH - BALTIMORE 1, MARYI	LAND
11272	CERTIFI	CATE OF DE	ATH	
		2 IISUAL RESIDE	NCE (Where deceased lived	If in

1. PLACE OF DEA	ATH				•		2. USUAL RESIDEN	CE (Where dece			Residence	before admir	sion)
o. COONIT	Car	roll			MARYLA	AND		arvl and		COUNTY	Carr	011	
		tside corporate l	ımits, write	c. LENGTH	OF STAY IN	ч 1ь	c. CITY OR TOW	/N (If outside co	rporote fim	its, write RURA	L ond giv	re nearest tow	n)
RURAL ond		dbine		50	vear	s	XRural-	- Woodl	bine				
d. NAME OF I	HOSPITAL (If not in hospito	l, give street	oddress)			d STREET ADDE	1704				e. IS RE	SIDENCE
OR INSTITU	nion J	Mill F	Road	R. D	. 1		Hoods 1	Mill Ro	nad.	R. D.	1		A FARM?
3. NAME OF	745_1	h als play salesals	First		Middle		Lost	4. DAT		Month		Day	Yeor
DECEASED (Type or print)	NA	NNIE	11131	B.	11110010	SHO	EMAKER	OF DEA	тн Ос	tober	18	3.	1961
5. SEX	6.	COLOR OR RAC	E 7 MAR	RIED NEV	ER MARRIED	□ \8	. DATE OF BIRTH	- 1.	9 AGE	(in years IF	UNDER 1	YEAR IF UND	ER 24 HRS.
Female	e V	White	WIDOW	/ED 🛣	DIVORCED		larch 26	, 1889	72	(in years IF birthdoy) M	onths D	Joys Hours	Min.
100. USUAL OCC	UPATION (Give kind of wo life, even if reti	rk done 10b	. KIND OF BU	JSINES\$ OR	INDUST	TRY 11. BIRTHPLACE	(State or foreig	n country)		12 CITIZE	EN OF WHAT	COUNTRY?
Housev		ille, even il reli	80)	Dome	stic		Mary:	land			Ţ	J. S.	A .
13. FATHER'S NA	ME						14 MOTHER'S MA	IDEN NAME					
Beall	L Gos	nell					Emily	y Jane	e Gar	trell	,		
15. WAS DECEAS	ED EVER IN	U. S. ARMED F	ORCES? 16	SOCIAL SEC	URITY NO	17 INI	FORMANT			Address			
No		1. give wor or daren	or service)			Mrs	. Emily	E. Pe	arre,	Wood	bine	e, Mar	yland
1B CAUSE (OF DEATH	[Enter only one	couse per l	ine for (o), (b), ond (c).}		,	-				INTERVAL B	
PART	I DEATH IM	WAS CAUSED B MEDIATE CAUSE	10)	ronn	2 Tus	m	Mosis 1 th	Mur	-direct	211-			
lug	1 200	DUE			/		Mosis, a	,	_	,		19	37
Conditions	s, if ony,	which)	(b) (m)	cratino	1.6	No.	res deros	In her	I M	beare	ga.	78	,
gove rise					~ /								
Couse (a), s lying couse		under-	U g	mo P	Tim	,						190	1
Z PART	II. OTHER	SIGNIFICANT C	1-7		NG TO DEAT	H BUT I	NOT RELATED TO TH	E TERMINAL DISI	EASE CONE	ITION GIVEN	IN PART	1(o) 19 WAS	AUTOPSY
PART OR CONTRIB OR CONTRIB (IF EITHER, N													ORMED?
200. ACCIDE	NT WAS L	NDERLYING	20b DES	SCRIBE HOW	INJURY OC	CURRED	. (Enter noture of in	jury in Port I or	Port-II of it	lem 18.)			
	101ING []	CAUSE OF DEA	R)										
		Month, Doy,	Year 20d.	INJURY OCCI	URRED 2		CE OF INJURY (Hom	e, farm 20f (City or tow	n)	(Co	ounty)	(State)
Hour Hour	o. m. p. m.	1	9 While			faci	ory, street, office blo	1g , elc.)					
	<u> </u>	1. (1. 1. 1. 1.					1959	10	10	1. 14	2061	11. 4.11	
			15-1-		,			14					
saw the d		alive an	1862	7	2 r and 1	hat de	eath accurred a	10.20 M, Tro	m the co	ouses and	on the		2b DATE
3,014	- 1/	war	> 3	Stal	t &	N	A.D. PHYS.	MED. DIRECTOR	STAI	FF S. 🗍		10	SIGNED
22c PHYSIG							22d. ADDRESS					11	
NAME (He He	ward I	C. Ha	11, M	. D.		Syke	sville	Ma	rylan	d		
23a BURIAL, CRE	MATION	23b. DATE THE				ERY OR	CREMATORY			ity town, or o	ounty)	(S+c	ote)
Buria	pecify)	10-21-	-1961	Morg	an Ch	ane	el Cemet	ery C	arro.	ll Co.	,]	Maryla	and
24 FUNERAL DIR	ECTOR'S SI			ADDR				o. REC'D BY REC	7	25b. REGISTR			
C. M	. Wai	1tz. 1	Winfi	eld.	Mars	7] ar	nd br	ATENCE 2 0	161	6 1	a 8 m	Company of the Compan	



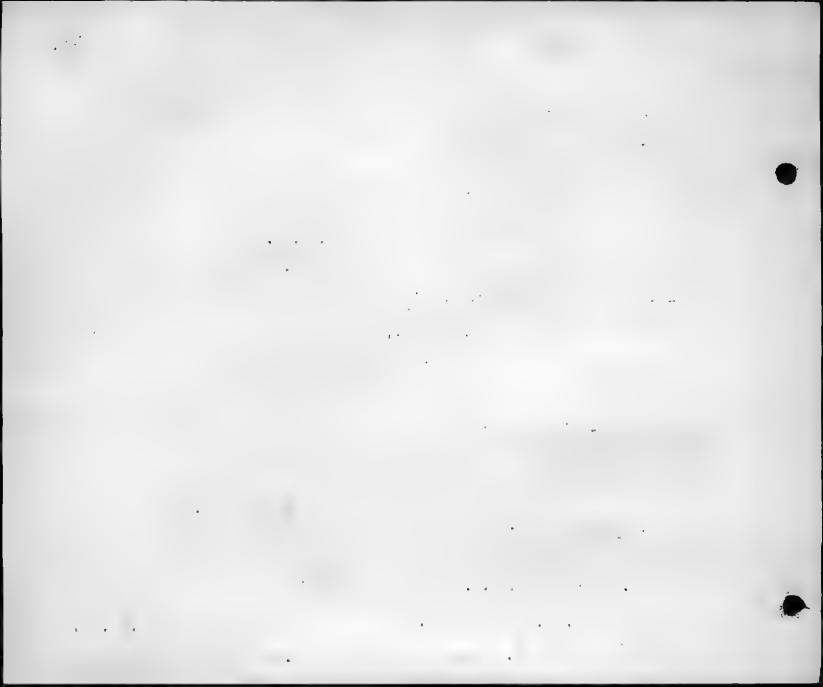
TOF

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11260

1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (W	here deceased	lived. If institution b. COUNTY	an Residence	before admis	ision)
CARROLL			MARYL		MARYLAND				DERICK	
b CITY OR TOWN (RURAL and give n	If autside carporate limi earest tawn)	its, write	c, LENGTH OF STAY IN	ч 1ь	c CITY OR TOWN (IF	autside carpo	rate limits, write R	URAL and gr	ve nearest taw	n)
RURAL, SY	KESVILLE		4 days		SMITHBURG		Rural			
d NAME OF HOSPI	TAL (If not in haspital, g	jive street	address)		d. STREET ADDRESS		1.7	3	e IS RE	SIDENCE A FARM?
	LD STATE H	OSPI	PAL		ROUTE # 1		10	4 =		NO 🗆
3. NAME OF DECEASED	Fir	rsi	Middle		Last	4 DATE OF	Mar	ith	Day	Year
(Type or print)	ERNES	T	EZRA		SMITH	DEATH	10		13	1961
S SEX	6 COLOR OR RACE	7 MARI	RIED T NEVER MARRIED		8. DATE OF BIRTH		9. AGE (In years last birthday)		YEAR IF UND	
Male	White	WIDOW	ED DIVORCED		3/11/82		79 yrs.	Manths [Days Haurs	Min
10a USUAL OCCUPATION	ON (Give kind of work king life, even if retired	dane 10b	KIND OF BUSINESS OR	INDU	STRY 11. BIRTHPLACE (State	ar fareign co	ountry)	12.CITIZ	EN OF WHAT	COUNTRY?
carpent	-	4			U.S.A					
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Joseph	h Smith				Ann M.	POPPER	exx Far	sht		
	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, IN	FORMANT		Add	ress		
→ → =	tir yes, give wor or detes or i	2	20-05-6560		Hospital	Record	ds			
1B. CAUSE OF DEA	ATH [Enter only one co	use per li	ne far (a), (b), and (c).]						INTERVAL B	ETWEEN
PART I. DE/	ATH WAS CAUSED BY		Coronary Oc	207	uni en				minut	
(h) (IMMEDIATE CAUSE (o		coronary or	3 Q T	15101					ED
Canditians, if a	on the state of		Gananaliza	3 0	rteriosclero	od o				
gave rise to i	immediate (deneralize(1 01	r cer roperer o	DIS				
cause (a), stating lying cause last.	the under-		Camanana Ta		ffi ai anan					
	. 1		Coronary In		NOT RELATED TO THE TERM	UNA: DISEAS	E CONDITION GIV	/EN IN PART	1(a) 19 WAS	AUTOPSY
OF CBG BEE		_			lerosis with				PERF	ORMED?
200 ACCIDENT W					D. (Enter nature of injury in			B PIII	and in] 140 []
(IF EITHER, NOTIFY	AS UNDERLYING GOVERNMENT GOVERNM	1	Singe How Walking		or terror more or improvement		, , , , , , , , , , , , , , , , , , , ,			
	RY Manth, Day, Ye	1		Oe. PL.	ACE OF INJURY (Hame, farr	m, 20f. (City	or lawn)	{C	zunty)	(State)
Hour a.m.	19	While at war	k at work	10	and by success diluce sudden an	·-)				
21 I certify the	at (I) (this hospita	l) attend	led the deceased f	rom	October 9 19	61 to	Oct. 13	5 19 6	1 that (I)	(we) last
sow the deced	and aliverno OC	t. 1	3 1961 and	hat a	leath accurred a	of from	the causes ar	d an the	date state	d above.
22a. SJGNAJURE	101			ilidi c	de la contra di La	1	THE COUSES OF	ig an mo		2b, DATE
11/X	XHOU	11	e h		M.D PHYS D	AED HRECTOR []	STAFF PHYS		10/17	51GNED
22c PHYSICIAN'S NAME (Type)	/ / / /		1		22d. ADDRESS					1/01
NAME (Type)	Vance Houd	k, M			Springi	field	State Ho	spita	1	
	ON, 235 DATE THEREC	OF .	23c NAME OF CEMET	TERY O			TION (City, town,		(Sto	ate)
REMOVAL (Specify	1 4	961	Reformed		1.7					
24 ENNERAL D RECTOR		11/	ADDRESS		25g. REC	'D BY REGIST	1110 Fr	STRAR'S SIG	NATURE	
Jack	Taul	G E	Httle Man	2041	Z177 MATE C			ribur 8		
	T CLUI	F A E	TPPTE WAS	124		73.4 (C)	G C	Thomas A	/ CLANE	



4	
	12
	3/

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11274 CERTIFICATE OF DEATH

11261

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
carroll Co. Maryland	e. STATE Maryland b. COUNTY Caroline
b CITY OR TOWN (if autside corporate limits, wr te RURAL end give nearest town)	c. CITY OR TOWN (if outside corporete limits, write RURAL and give nierest town)
Henryton 1 day	Federalsburg
d. NAME OF HOSP TAL OR INSTITUT ON (if not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE ON A FARM?
Henryton State Hospital	Route # 2
3 NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or puni) Harry L. St	tanley DEATH October 21 1961
7. MOAR ED 42 HEVER MOARIED	DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. July 21,1888 7. Age (In years F UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
The USUAL OCCUPATION (Give kind of work 105 KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if refired Farmer	Hurlock, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lawrence Stanley	Jennie Lake
	NFORMANT Address
(Yes, no, or unkown) (Hyesolyewerordetesofservice) 217-03-4380 Inc	dia M. Stanley., Rt # 2. Federalsburg, Md
18. CAUSE OF DEATH [Enter only one cause per tine for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: Far advanced bil	Lateral Pulmonary TB
O O A X DUE TO	
Conditions, if any, which (b) Malnutrition	
geve rise to immediate cause	
(a), stelling the underlying DUE TO	
	T RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY
OI I	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Pert II of item 18.)
OR CONTR BUTING [] CAUSE OF DEATH	, terrain results of tripley in Ferri of Feet is of fresh to.)
Cont.	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ory, street, office bldg., etc.)
Hour a.m. While Not While p.m 19 at work at work	of the stage of th
21. I certify that (I) (this hospital) attended the deceased from	October 20 1961 to October 24961, that (I) (we) last
	death occured at 4: OMPMom the causes and on the date stated above.
220. SIGNATURE Bodayars M. Masonlowery	ATTENDING MED. STAFF SIGNED PHYS X DIRECTOR PHYS.
22c, PHYSICIAN'S	22d ADDRESS
NAME (Type) Edgars M. Maculans	Henryton State Hospital
23e BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
REMOVAL (Specify) Burial Oct.25,1961 Federal Hill	Cemetery Federalsburg, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
J.J.Framptom and Son, Federalsburg, Man	cyland DATE OCT 30'61 Orthur & Kraus



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND PRESTON STREET, BALTIMORE 1, MARYHAND OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before educas on) 1. PLACE OF DEATH a. COUNTY Maryland **b. COUNTY** MARYLAND b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give necrest lown) Sykesville Baltimore City. Maryland 3months 22 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO Springfield State Hospital 3. NAME OF DATE Middle DECEASED OF DEATH (Type or print) Oliver 19 67 Edward October 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months Male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired) Food Stores Food Stores U.S.A. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME O'CONNell Mary Jane Swift Luck Swift 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive werordelesofservice) No Springfield Hospital Records INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Pulmonary edema IMMEDIATE CAUSE (a) DUE TO Atteriosclerotic C. V. D. Conditions, if any, which geva risa to immediate cause DUE TO (a), steting the underlying Generalized Arteriosclerosis, Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19, WAS AUTOPSY PERFORMED? NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part I. of Item 18.) (County) (State) 20c. TIME OF INJURY Month, Dev. Yeer 20d, INJURY OCCURRED . 20e, PLACE OF INJURY (Homa, ferm, 20f. (City or town) While fectory, street, office bldg., etc.] Not While et work et work 21. | certify that (I) (this hospital) attended the deceased from 6-22-61 19 to 10-11: 19 61 that (I) (we) last .1961..., and that death occured at 34.4M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a. SIGNATUR SIGNED ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN NAME (Type) Springfield Hospital, Sykesville MD. ----23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Spec fy)

25a. REC'D BY REGISTRAR

arthur & Hrans

please attending and Then | the sigmed by has certificate l r ∎s≣ as the 93 prior # After this <u>ć</u>, HRECTOR: shmuld shmuld TO FUNERAL
director, page 1
be filed with the 15M 9/60

ely filled in b irs. Pages 1 i hours after d

within

carbon

гетоув

completely

эпо

■hysicia■

VR A15 (4)

FUNERAL DIRECTOR'S SIGNATURE



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11276 CERTIFICATE OF DEATH
11263

1. PLACE OF DEATH		. USUAL RESIDENCE (Where dec		tesidence before admiss on)
Carroll	MARYLAND	a. STATE Maryland	b. COUNTY	ntgomery
b. CITY OR TOWN (if outside corporate limits,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rete limits, write RURAL and	give nearest town)
write RURAL and give nearest town) Sykesville	2yrs.6mos.2liday	s Silver Spri	ing /	~ >
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospitar, g ve street address)	d. STREET ADDRESS	-8	e. 15 RESIDENCE
Springfield State		4534 Bennio	on Road	YES NO T
3. NAME OF First DECEASED	Middle	Last 4. DATE	Month	Day Year
(Type or print) Hester N		ylor DEATH	October	18, 1961
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED B.		AGE (In years IF UNDER I	
Female White WIDOW	VED 🚰 DIVORCED 🔲 N	ovember 1, 1881 7	(last birthday) Months	Days Hours Min.
IDs. USUAL OCCUPATION (Give kind of work 1Db. done during most of working life, even if relired)	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or fo		ZEN OF WHAT COUNTRY?
Tailor	-	Canada	U	.S.A.
13. FATHER'S NAME	14	MOTHER'S MAIDEN NAME		
Benjamin Tydd		- Unknow	m	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18	S. SOCIAL SECURITY NO. 17, INI		Address	
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	06-05_3768	Springfield Hospit	al Records	
18. CAUSE OF DEATH Enter only one cause per				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ld rheumatic hea	rt disease with		ONSET AND DEATH
4 1 X DUE TO				
	mitral insufficio	ency and adhesive	neri-	
gave rise to immediate cause			Port -	
(a), stating the underlying	carditis.			Years
101		RELATED TO, THE TERMINAL DISEASE C	ONDIT ON GIVEN IN PART	1(a) 19. WAS AUTOPSY
C.B.S. essoc. with cerebr	al arteriosclero	sis with psychotic	reaction.	YES NO
PART IL OTHER SIGNIF CANT CONDITIONS CO. B. S. BSSOC. WITH COPEDI 20b. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER	SCRIBE HOW INJURY OCCURED. (E	nier natura of injury in Pari I or Pari II	of item 18.)	
3 20c. TIME OF INJURY Month, Day, Year 20d		OF INJURY (Home, farm, 20f. (City	or lown) (Cou	nty] (State)
20c. TIME OF INJURY Month, Day, Year 20d Hour a.m. Whi	10 111111111111111111111111111111111111	, street, office bldg., etc.)		
21. I certify that (I) (this hospital) atte	nded the deceased from M	arch 24, 1959 to	otober 18,10	1 that (I) (we) last
saw the deceased alive on October	17,19 61 , end that d	eath occured at 8:30 from	the causes and on t	he date stated above.
228. SIGNATURE	100.	ATTENDING MED.	STAFF	22b. DATE
(lausim d	er Campono.	PHYS. DIRECTOR	PHYS. 2	10/18/6
225: PHYSICIANS NAME Pypel Agustin delCa	ampo, M.D.	Springfield Hos	spital ,Sykesv	ille,Md.
230. BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCA	TION (City, town or county	() (State)
Burial (Specify) 10/21/61	George Washingt	ton Pri	nce George Co	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTE	RAR 256, REGISTRAR'S	SIGNATURE
Tyson Wheeler Funeral Home	e-E331 E. Montg.	Ave. DATE OCT 2 0 '61	Cirthur S.	Thus



FOR STATE TO DEFUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours efter death. It calay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Pege 4 should be forwarded to the Chief Medical Examiner's Office elong will form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated egent, prior to burial, cremation, or removel, and in any event within 72 hours after death.

> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1. F	LACE OF DEATH	2. USUAL RESIDENCE (Where decresed lived, If	Institution, Residence before edmission
ſ		COUNTY	a. STATE LA b. COUL	and the second s
	<u> </u>	MARYLAND MARYLAND	- Ma	Carroll
1	0	CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write	a RURAL end give nearest fown)
ı	7	Junal - Cherterville 5 telale	Thurst Huleson	1/12_
	1	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddrass)	d. STREET ADDRESS	e. IS RESIDENCE
			Williat Alm	ON A FARM? YES NO
7	⁶ 3. 1	NAME OFFirst Middle	Ask ADATE Mont	
		DECEASED Typa or print)	1 PTAMI OF DEATH 10	11
1			1010	19 61
ı	5. 5	6. COLOR OR RACE T. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years light day)	Months Deys Hours Min.
		WIDOWED D, VORCED D	1045,1914 It 1 Yrs.	Modilis Deys Hours Min.
1		JSUAL OCCUPATION (G va k nd of work 10b. King OF BUSINESS OR INDUSTR) a during prod of working life, aven if ratirad	Y, M. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	don	To he was a specific of the sp	$\mathcal{I}_{I}}}}}}}}}}$	7100
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME /	-4. 9 c /Fin -
٦		The house of	Thekunion	
J	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. E	y rymou	
7	(Yas	, no, or unkown) [(Ifyasgiva warordatasofservica)	NFORMANT Address	01011.0
1		242-34-7742	2 Mi Dewly Ded	ford - 4-gelowill
1		18. CAUSE OF DEATH [Enter only one cause par I ne for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COROONARY	() LELUSION	M L M
		420.1 DUE TO		
				,
		Conditions, if eny, which (b) gave rise to immediate cause	w n	
		(e), stelling the underlying DUE TO		
1		cause last, (c)		
	No	PART I., OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVE	
1	CERTIFICATION			YES NO TX
1	E I		nter nature of injury in Pert I or Part II of Item 18.)	
ı	CER	PRIMARY or CONTRIBUTING CAUSE OF DEATH.		
1			CE OF INJURY (Home, farm, ! 20f. (City or town)	(County) (Stete)
1	MEDICAL		ory, street, office bldg., atc.)	(2:6:8)
	× .	p.m. 19 ef work st work		
		21. I certify that I took charge of the remains described above, hel	ld an Autopsy 🔝, Inspection 🛄, Inqui	ry, and in my opinion
		death resulted from: Natural causes . Accident . Suici	de, Homicide, Undetermined n	nanner 🔲
		0 1 4 70	CHIEF MEDICAL EXAMINER	
		January J. Thank	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
1		SIGNATURE	DEPUTY MEDICAL EXAMINER	
1		NAME (TYPE) TAMES T. MARSH		10-5-61
1	22=	BURIAL, CREMATION, 226, DATE THEREOF 226, NAME OF CEMETERY OR	Address (Streat, city, Iown, or county) CREMATORY 22d. LOCATION (City, Iown	(State)
1		REMOVAL (Specify)	1 1	11. 700
	-	Hurley 10-8-01 Muland	A) HURLION	Illo Charles
	23.	FUNDERAL BIRTCHOR	1 Carl	SISTRAR'S SIGNATURE
	0	with N. Alal ght Synkeroll	DATEOUT 1 0 '61	Virginia 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Company or			



ter		978	P	
S a		fune	sho	1
hour		the the	رط. ص	츀
IO H TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected within 24 hours after		TO FULLERAL DIRECTOR: After this certificate has been signed by the attending seysician and completely filled in by the funeral	director, page 3 should lie detached for " as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
ji.		led i	ges	afte
*		¥.	å.	OULS
		ere	pers	72, h
BXec		фшо	Z L	á
þe		3 P	Ş	ş
afe		B 176	/8 C	/en/
THE		sici	0	× e
S		Î	Se Te	ne n
Jeat		ding	plea	nd
ě		If tem	hen	al, a
hat t		ф В	F	YOE
es t	cian	by 1	Ĩ	r re
ğ	hysi	ned	it pe	n, o
*	d gu	Sig	rans	natic
9 e	endi	beer	Tial.	cre
Ė	r att	has	<u>b</u>	rial
LAN	a lo	ale	is thi	o bu
SIG	Spit	rtific	8	이
H	e h	s	0	P
D _i	ř	ar thi	Ped f	ealth
Ž	8	Affe	hach	of H
EM	fain	.: 	e de	pt.
ATT	le re	CIC	P	e De
28	ay	IRE	shou	Stat
H.	4	E A	က	the
臣	96	RA	pag	řiř
Ų	ľ	DHD.	for,	Pe
H	deat ge 4 may le retained by the hospital or attending physician.		direc	ii e
10	· ·	H	O	

YR A15 (4) 15M 9/60

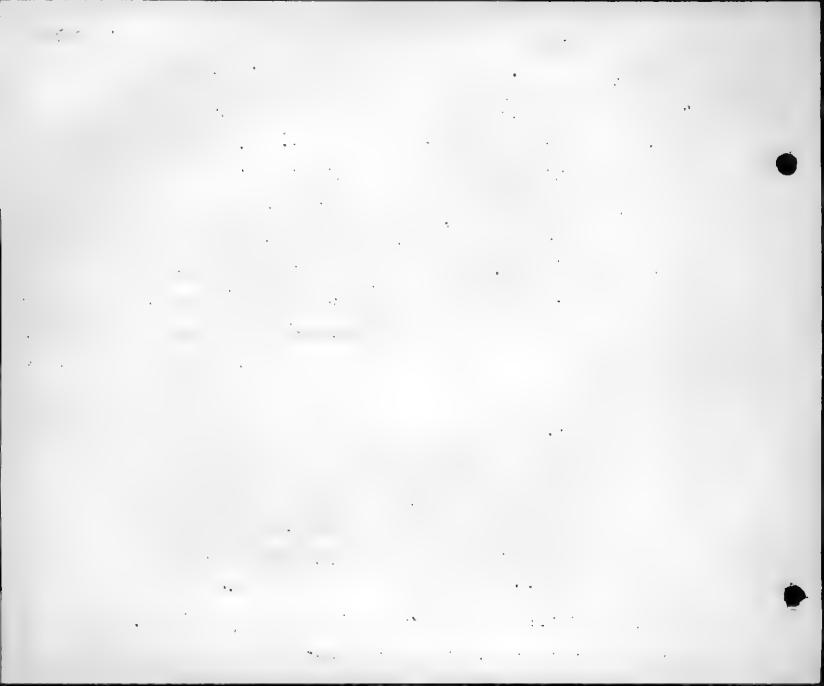
_	DIVISION OF STATISTICAL RESE.	CERTIFICAT	I	SIREEI, BAL	IIMORE I, MI	11265
1.	PLACE OF DEATH a. COUNTY Carroll b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest lown) Syke sville	MARYLAND c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE 8. STATE Mary c. CITY OR TOWN (IF	and	COUNTY Bal	timore (
	d. NAME OF HOSPITAL OR INSTITUTION (II not in he Springfield State Hospital NAME OF		500 Acade		Month	e. IS RESIDE ON A FA YES NO
	(Type or print) SEX 6. COLOR OR RACE 7. MARRI	Straughn	Walbeck DATE OF BIRTH	OF DEATH O	ctober	10, 19 61
d	Female White widow Do. USUAL OCCUPATION (Give kind of work lone during most of working life, even if refired) Housewife FATHER'S NAME	VED DIVORCED VERNOUSTE	Maryland Maryland Morther's Maiden N	& Stete, or foreign (yrs. 12. CITIZ	S.A.
15 ()	William L. Straughn 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 (es. po., or unkown) (lifyesgive werordeles of service) NO		Laura Ste		Address Academy ecords	Road
CERTIFICATION	Conditions, if eny, which geve rise to immediate cause [a], steling the underlying cause lest. DUE TO (b) DUE TO (c)	senteric thromb d rheumatic hea ONTRIBUTING TO DEATH BUT NO E brain disease	rt disease_ PT RELATED TO THE TERMINA With Disychot			Hours Years 1(a) 19. WAS ALTO PERFORM YES NO
		. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, lory, street, office bldg., etc.)			ty) (Stet
MEDICAL		<u> </u>		4		
MEDICA	21. I certify that (I) (this hospital) atters saw the deceased alive on October 22e. SIGNATURE	nded the deceased from. 10, 1961, and that	death occured all.	OPMfrom the c	auses and on th	that (1) (we date stated at 22b, D.
MEDIC	21. I certify that (I) (this hospital) after saw the deceased alive on October	10. 19.61, and that	death occured all.	D. STAI	auses and on the	22b. D 10/11/

MARYLAND STATE DEPARTMENT OF HEALTH





15M 9/58



287	CERTIFICA	TE OF DEATH		TTVOO
I. PLACE OF DEATH		2. USUAL RESIDENCE (Where de		Residence befare admission)
d. COUNTY Carroll	MARYLAND	o state Maryl and	b. COUNTY	Carroll
b. CITY OR TOWN (If outside corporate limits	, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside	corporate limits, write RUR	AL and give nearest town)
Near Winfield	₩1 vrs	X Near Winf	h la h	
d. NAME OF HOSPITAL (If not in hospital, gir		d. STREET ADDRESS	1.610	e. IS RESIDENCE
P.O. Sykesville R.	מ מ	P.O. Sykesyi	110 P D	ON A FARM?
NAME OF First	Middle	Lost 4. D		Day Year
DECEASED	middle	14/1/1	F	,
UPSIT	Z MARRIE TO A VIVE AND TO T	B. DATE OF BIRTH	Occopet	UNDER 1 YEAR IF UNDER 24 HE
	7. MARRIED NEVER MARRIED	B. DAJE OF BIRTH	lost birthday) M	Anths Days Hours Min.
	WIDOWED DIVORCED	August 18, 18	90 7.1 yrs.	
 USUAL OCCUPATION (Give kind of work did during most of working life, even if retired) 	one 106. KIND OF BUSINESS OR INDU	JSTRY 11, BIRTHPLACE (State or fore	ign country]	12. CITIZEN OF WHAT COUNTR
Housewife	Domestic		y, Maryland	U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Thomas McJilton		Dollv	?	
. WAS DECEASED EVER IN U. S. ARMED FORCES, no. or unknown) [(If yes give war at doles of set		NFORMANT	Address	
NO	2.6	r. Charles A.	Wall Samo	20 # 2
18. CAUSE OF DEATH Enter gnly one cou		1	/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Pas - +/.	1. · · · · · · · · · · · · · · · · · · ·	LileUT	ONSET AND DEATH
IMMEDIATE CAUSE (o)	way win	was full total	1	2660
1201 DUE TO	atte 127	1 1 1:	N. 1.	//4-
Conditions, if any, which (b).	anario across	ween gela.	Car acro	1/0
cause (a), stating the under-	Sailon arter	du · Come	.0.1.	300 166
lying couse last. (c)	Juna , corlere	os curens your	Tight.	1000101
PART II. OTHER SIGNIFICANT COND	THONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE JERMINAL D	ISEASE CONDITION GIVEN	I IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES
20g. ACCIDENT WAS UNDERLYING TO	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part I c	or Port II of item 1B)	•
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year Hour o.m. p. m.	20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f.	. (City or town)	(County) (Sta
Hour o. m.	While Not while for work of at work	actory, street, office bldg , etc.)		
p. m. 17		26 hm	7000	
21 I certify that (I) (this hospital)				19 <u>4/</u> , that (I) (we) to
saw the deceased alive an 30	OCT 198/ and that	death occurred 236 P.M. f	ram the causes and	
220 SIGNATURE	& Hall'	M D. ATTENDING MED DIRECTO	STAFF PHYS	226 DATE SIGN
22c PHYSICIAN S NAME (Type)		22d. ADDRESS	. /	- 6 4
Howard E.	Hall. M. D.	Aller	rlll Ma	ryland 3100
BURIAL, CREMATION, 23b. DATE THEREO	23c. NAME OF CEMETERY	OR CREMATORY 23d. I	LOCATION (City, tawn, or o	county) (Stote)
Burial 11-2-196	Messiah Lu	theran Ca	rroll Co.	Maryland
, FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25o. REC'D BY R		AR'S SIGNATURE
	field. Marvie			1 - 9 +

may be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be fitted with the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. LOR ATTENDING PHYSICIAN: The law requires that the death certifical be executed within TO HO VR A1S (4) 15M 9/59

urs after death, Page



TO H. ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Tage 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. within 24 hours after

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

		77405								1 1	7.03	
1,	PLACE OF DEATH	i						eased lived, ff				dmission)
		arroll		MARYLAND	e. STATE	Maryl	and	b. COUN	T Co	rrol	1	
		if outside corporate limits, I giva neerest town)		c. LENGTH OF STAY IN 1	c. CITY O	R TOWN (If	outside corpor	ate limits, write	RURAL or	d give r	nearest tow	yn)
	Finksburg				X F	inksbu	rg					
		TAL OR INSTITUTION (if no	t in hos	pitel, give street address)	d. STREET	ADDRESS		****		-		ESIDENCE
	Louisvi	lle Road			Lou	isvill	e Road				YES T	A FARM?
3.	NAME OF	First	_	Middle	Last	1	4. DATE	Month		Dey	Yea	
	(Type or print)	Edward	G	eorge Yae	ger		OF DEATH	Oct.8	,1961		19	
5.	SEX	6. COLOR OR RACE 7.	MARRIEI	D NEVER MARRIED	July 10,	1960	9.	AGE (In years last birthday)			IF UNDER	
	Male	White w	IDOWE	DIVORCED	July 10,	1000		lol yrs.	Months	Deys	Hours	Min.
10	a. USUAL OCCUPAT	ION (Give kind of work orking fife, even if retired)	10b. KI	IND OF BUSINESS OR INDU	TRY 11. BIRTHPL	ACE (County	& State, or fo	raign country)	12, CI	IZEN O	F WHAT	OUNTRY
-		Wire Worker			Bal	timore	,Md.			U.S.		
13.	. FATHER'S NAME				14. MOTHER	S MAIDEN N	IAME			-		
	John P	hilip Yaeger				Unknow	n					
15.	. WAS DECEASED EV	ER IN U.S. ARMED FORCES	? 16.	SOCIAL SECURITY NO. 17	INFORMANT			Address				
(10	NO Unkown) (1	fyes give war or dates of servi	2	18-09-47 59 A	Bertram	Yaeger	,Finksl	ourg RD	l, Md.			
		EATH (Enter only one cou	se per li	- 0	_	1					SET AND	
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	6	Julmons	ery to	elen	nA	4			24.	e.
	450.0 DUE TO 100 11 1 1 1 1											
	Conditions, if any, which) (b) (lil. Heart Larle								3 cm			
	gove rise to immediate couse (a), steting the underlying DUE TO											
	cause lest.	(c)	YE	welalizea	Refe	Elio.	SECOR	ogen			ye	2.
ON	PART II. OTHER	SIGNIFICANT CONDITION	NO CON	TRIBUTING TO DEATH BUT		THE TERMINA	AL DISEASE CO	ONDITION GIV	EN IN PAR	T 1(e) 15		ORMED?
CAT		Lem	le	Luche	Ren					1	res 📋	NO 🗹
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER	b. DES	CRIBE HOW INJURY OCCUP	ED. (Enter nature o	finjury in Pe	ert I or Part II o	f item 18.)				
CAL	20c. TIME OF INJU	IRY Month, Day, Year	20d.		LACE OF INJURY		20f. (City o	r fown)	(Cor	unty)	-	(State)
MEDICAL	Hour e.m.	19	While et worl		actory, street, office	bldg., etc.)						
~			-	ded the deceased from	-7.1	7 1	259, 10	0,8	10	11.	hat (I) ((n
		A	1 -		. /	17-47	- /					
	226. SIGNATURE	Jami Ol	lu	tu an	M.D. ATTENDIN		ED.	STAFF PHYS.			22b	SIGNED
	22c, PHYSICIAN'S NAME (Type)	Sani	Ok	(u+man	22d, ADI	DRESS S	ylee	suil	le,	Ho	d.	
23	a. BURIAL, CREMATI	ON, 236. DATE THEREO	F	23c. NAME OF CEMETER	Y OR CREMATOR	Y	23d, LOCAT	ION (City, tox	vn or coun	ty)	(5	lete)
	REMOVAL (Specify) Burial	Oct.11,19	_	Moreland Men				r Ave.B	_			
24	J.F.Eline	& Sons, Reis	ters	address stown, Md.		25e. REC'I	BY REGISTR	-	SISTRAR'S			

gasit . 15. 35.00 1 5.55 ATTEMPT OF STREET Was believed to be a separate the company and letter transfer to the little free Shirt - The shirt me THE SHORT SERVICE WHEN SHORT

TO HOLYTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executivitin 24 hours after death. Beging 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()

11283 CERTIFICATE OF DEATH

		e. COUNTY Clubel Maryland Maryland Maryland D. COUNTY Alle Maryland D. COUNTY
	-	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) With RURAL and give nearest town. C. LENGTH OF STAY IN 1b C. CITY OR TOWN if outside corporete limits, write RURAL and give nearest (Swn) With RURAL and give nearest town. White RURAL and give nearest (Swn)
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES TO NO
1		NAME OF DECEASED First Middle Lest 4. DATE Month Day Year OF DECEASED OF DEATH OCH 1964 SEX 6. COLOR OF RACE IZ MARRIED DAISYED MARRIED OF 18. DATE OF BIRTH 19. AGE (In years I IF UNDER 14 PAS.)
		M WIDOWED DIVORCED 3-29-1885 Justinhdey) Months Days Hours Min.
		S. USUAL OCCUPATION (Give kind of work in defend of work in during most of working life, even if retired) State Food 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) W.S.A. W.S.A. 14. MOTHER'S MAIDEN NAME
	15	Jacob Zell Secret Leven Rechuer Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT
	Ya	25, no, or unkown) (If yorgine war or dates of service) 219-01-0199- Earl Miller - Westernestes Ro Wed
		18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH (C).
		Conditions, if any, which gave rise to immediate cause (b)
	-	(a), stating the underlying DUE TO (c)
9	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY PERFORMED? YES NO PART II.
		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Yaer 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, P.m. 19 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, Place of Injury) (State) (Sta
		21. I certify that (I) (this hospital) attended the deceased from 1960 to Oct 7, 1960, that (I) (we) last saw the deceased alive on 1960, and that death occurred at P.M. from the causes and on the date stated above.
		226. SIGNATURE WIN 7 vand M.D. ATTENDING MED. STAFF SIGNED
		22c. PHYSICIAN'S NAME (Type) WITFOARD MP MANCHESTER Md
	238	Bural Est 10/6/ Moushester Curol Co Med
10	O/	Address Hampertead Md DANGCT 1 3 '61 Chilung S. Kraus

41811 W 11283 Throughout Bornell 39 4 4 33 1. The steer water from the Theodore with the proof have been state to be the 1678.A augment the defease PAL 22 STATES OF STATES OF STATES - 1610-10-516. OIL But I see , all simulations of garage and state Toplan Line Houghtend Hell war in we